3.15.3 CONFIGURATION WORKSHEET.

Reference Section 3.0 – REQUIREMENTS

This ambulance is to be a:

☐ BLS
☐ ALS
☐ Walkthrough
☐ Infrequent Transport

It is essential that the ambulance not be operated in an overloaded or unbalanced condition. The following information must be made available to properly design the interior and exterior compartmentalization of the ambulance per Section 3.5. Attach:

a. A list of medical and rescue equipment to be supplied by the FSAM with the ambulance stating the item, quantity, where it is to be mounted or carried, the weight of each item, and its dimensions (L x W x H).
b. A list of medical and rescue equipment to be supplied by the purchaser to be carried on the ambulance stating the item, quantity, where it is to be mounted or carried, FSAM's responsibility for mounting, the weight of each item, and its dimensions (L x W x H).
c. A list of medical and rescue equipment that might be carried on the ambulance in the future stating the item, quantity, the desired mounting location or compartment where it is likely to be carried, the weight of each item, and its dimensions (L x W x H).
d. A list of permanently mounted equipment required on the ambulance showing the item, quantity, weight of each, and dimensions (L x W x H), who is to furnish the equipment as well as the location where it is to be carried.

1. Specify the maximum number of seated positions on the ambulance if more than five for modular bodies, or more than three for Type II units (Standard seating is two in the cab, two on the side and one in the EMSP seat for modular bodies and two in the cab and one in the EMSP seat for Type II units):

2. Describe the usage duty cycle that the ambulance will be subjected to: _____
_____

3. If design approval drawings and/or a copy of the FSAM's work order are required to validate the design criteria in 3.1, the type and quantity must be detailed here. _____
_____

4. Careful consideration must be given to the ambient conditions the ambulance will operate in. Auxiliary heating and/or air conditioning may be required. If different than 3.4.2 and/or 3.13.1, state the minimum and/or maximum operating temperatures in °F. _____

5. If different than 3.4.4, state the required ride performance requirements: _____
_____

6. If different than 3.4.5, state the required min/max road speed required: _____
_____

7. If different than 3.4.7, state the required gradeability:_____

8. If different than 3.4.8, state the required fuel range:_____

9. Per 3.4.10.1, state the maximum overall length in inches:_____

10. If different than 3.4.10.2, state the maximum overall width in inches:_____

11. Per 3.4.10.3, state the maximum overall height in inches:_____

12. If different than 3.4.10.4, state the required angles:_____

13. Per 3.5.2, the average weight of an occupant is calculated at 150 lbs. per NHTSA. If your average occupant weight is greater, specify here:_____
_____

14. If a specific OEM's chassis is required in Section 3.6, list the OEM here:
_____
_____

15. If all-wheel drive (AWD) or all-wheel drive conversion (AWDC) is required specify here. (It should be noted that AWD and AWDC will reduce the available payload and will increase the floor loading height. In some cases the floor loading height may be increased beyond the 34" maximum).
_____
_____

16. A diesel engine is furnished as standard per 3.6.3. If other than a diesel engine is to be used, specify here. If a specific engine type is required, specify here: _____
_____

17. The OEM standard exhaust location and piping configuration is required per 3.6.4.6. If an alternate location of type of piping termination is required, specify here: _____
_____

18. An automatic transmission is furnished as standard per 3.6.5.2. If a specific transmission type is required, specify here: _____
_____

19. The OEM standard braking system is required per 3.6.5.4. If an optional type braking system is required (air brakes, retarder, exhaust brake, etc.), specify here: _____
_____

20. The OEM standard tires are furnished per Section 3.6.8. If an optional type tire is required, specify here. If a spare tire is required, specify mounting location here: _____
_____

21. If automatic or manual tire chains are to be furnished to operate in the space required by 3.6.9, specify here: _____
_____

22. If different than 3.7.5, specify the type of horn (air horn, etc.) required: _____

_____

23. Specify any electrical loads beyond those defined in 3.7.6 that are to be part of the minimum continuous electrical load. If a load management system is required, specify the sequence of control (shutdown). If functional enhancements (OEM or non OEM) are required to the high-idle system (interlock capabilities, automatic re-engagement, etc) specify here: _____

_____

24. The OEM standard batteries are furnished per Section 3.7.7. If an optional type battery is required, specify here. If a specific mounting location is required, specify here: _____

_____

25. Specify any portable equipment charging provisions required in excess of those required by 3.7.7.2:

_____

26. If different than 3.7.7.3, specify the number and type of power points required: _____

_____

27. Specify any AC utility power requirements that are in excess of those required in 3.7.8: _____

_____

28. If an on board AC power system is required to operate with the system described in 3.7.8, the following must be specified:

Wattage of power source: _____
Voltage of power source: _____
Purity of power source: _____
(allowable total harmonic distortion, voltage variation, power factor, frequency variation, etc)

Type of power source (shall be listed by a nationally recognized testing laboratory UL, CSA, etc):

- ☐ Portable Generator
- ☐ Hydraulically Driven Generator
- ☐ Direct Drive Generator
- ☐ Auxiliary Engine Driven Generator
- ☐ Belt Driven Generator or Alternator
- ☐ Derived From Ambulance Low Voltage Power Supply System (Inverter)
- ☐ Other: _____

Make, model, or other details of power source: _____

_____

_____

_____

Panelboard location: _____

_____

_____

AC Powered Receptacle Information

Quantity	NEMA Conf	Location

AC Powered Lighting Information

Style/Make	Location	Wattage/Bulb	Type Mounting

An automatic transfer switch shall be furnished which turns off this onboard AC supply (interlock) and disconnects its output, when the AC utility power is applied. Transfer equipment, if not integral with the listed power source, shall be installed to ensure that the current carrying conductors from the on board 125-volt AC power source and from the 125-volt AC utility power source are not connected to ambulance electrical circuit at the same time. Generators shall comply with Article 445, "Generators," of NFPA 70, National Electrical Code.

The following shall be wired so that they can be energized only from the utility power, and not the onboard AC supply:

1. DC battery conditioner
2. Engine block heater

29. If different than 3.7.8.1, specify the location for the utility power connector: _____
_____

30. If known, specify the equipment that is to be powered by the receptacles specified in 3.7.8.2:
_____

31. If different than 3.7.10, specify the location(s) for the patient compartment controls: _____
_____

32. If a specific manufacturer's DOT lighting system is required in Section 3.8.1, list the manufacturer here. State if a specific lighting system is required (such as all LED, etc.): _____
_____

33. If a specific manufacturer's emergency lighting system is required in Section 3.8.2, list the manufacturer and type (i.e.: strobe, LED, halogen) here. State if an alternate approved lighting system is required (such as NFPA 1901 compliant or SAE J2498 compliant). State if there are specific state or local jurisdiction requirements (such as California steady burning red, etc):_____

_____

34. Specify any work lighting required beyond those defined in 3.8.3: _____

_____

35. Specify any interior lighting required beyond that defined in 3.8.4 (map light, high intensity cot light, etc.): _____

_____

36. The FSAM's standard cab console will be provided per 3.9.1. If an optional type console is required (specific switch locations, specific size, etc.) specify here: _____

_____

37. The OEM largest mirror system is required per 3.9.5. If an optional type mirror system is required (power, heated, etc) specify here: _____

38. If different than 3.10.4, state the required increase to the patient compartment interior length, width and height in inches:_____

39. A cab/patient compartment access window is required per 3.10.2. On vehicles over 14,000 lbs. GVWR the opening may be expanded to permit a walk through opening in lieu of the window. If a walk through opening is required, specify the door type and size here: _____

_____

40. An aluminum modular body is required per 3.10.5. If an optional type body material is required specify here: _____

_____

41. Hinged doors are required per 3.10.8. If an optional type door system is required (sliding, etc) specify here: _____

_____

42. If a specific manufacturer's latch, locking system, grab handle system, etc. is required in Section 3.10.9, list the manufacturer and type here: _____

_____

43. The floor is designed to carry a cot load of 400 pounds per 3.10.10. If a heavier load is to be applied to the floor (Bariatrics, etc) specify here: _____

_____

44. If a specific manufacturer's flooring is required in Section 3.10.11, list the manufacturer and flooring type here: _____

45. Windows are required per 3.10.5. If an optional window and/or tint is required specify here:

_____

46. All exterior compartments must be lighted per 3.11.2. If additional compartment lighting is required, specify here: _____

_____

47. Removable shelving is required per 3.11.3. If optional type shelving is required (adjustable, quick loading, etc) specify here: _____

_____

48. Patient compartment seating is required per 3.11.4. If an optional type seating is required (captain's chair, integral child safety seat, etc) specify here:_____

_____

49. A cot fastener assembly is required per 3.11.6. Specify the type of cot to be fastened by manufacturer and model number. If a cot is to be furnished by the FSAM, specify the manufacturer and model number of the cot to be furnished: _____

_____

50. A medical oxygen system is required per 3.12. Specify the type of outlets (DISS, NCG, Chemtron, Ohmeda, Puritan Bennett, etc) to be furnished. Specify the type and size of oxygen cylinder that will be furnished by the end user. If additional oxygen equipment is to be furnished by the FSAM, specify the manufacturer and model number to be furnished. If additional oxygen storage (more than 3000 liters) is required, specify here: _____

_____

51. The patient compartment interior sound levels are not to exceed 80 dB per 3.13.6. If lower sound levels are required specify here: _____

_____

52. If electronic communication between the patient compartment and the cab (silent intercom, voice intercom, headsets integrated with the radio system, etc) are required specify here: _____

_____

53. Provisions for mobile radio equipment are defined in 3.14.2. Complete the following:
Is the FSAM to provide the radio? ☐ Yes ☐ No
Is the FSAM to install the radio? ☐ Yes ☐ No
Make and model: _____
Power requirements for radio: _____
Mounting location for radio: _____
Mounting location for control(s) and speaker(s): _____

54. Are there provisions required for computer equipment, drive camera, or other electronics?
If so, list here:

_____

55. If a specific manufacturer's siren and/or control system is required in Section 3.14.4, list the manufacturer here: _____

_____

56. Specify any additional backup assist systems required beyond those defined in 3.15.2-4:

_____

_____

57. The ambulance will be painted and marked per 3.16. State if an alternate approved painting and/or marking system is required (such as NFPA compliant and/or specific state or local jurisdiction requirements). A graphic design meeting the reflectivity requirements of 3.16.4 shall be permitted to replace the required striping material if the design covers at least the same perimeter length and total area of coverage in sq. in. required by 3.16: _____

_____

58. Each ambulance comes with an instruction manual and handbook of construction per 3.18. These documents are designed to insure that the operator of the ambulance can properly operate and perform required operator level maintenance specific to the ambulance purchased. If additional operational instruction and/or maintenance instruction is required, those requirements should be detailed here. If actual service and parts manuals are required, those requirements should be detailed here. With a few exceptions, the manual and handbook of instruction will be in electronic form. If other media is required (all paper, etc.) specify here: _____

_____

Reference Section 4.0 – QUALITY ASSURANCE PROVISIONS

The type of inspection (source and/or destination) needs to be specified as well as where and when the acceptance inspection is to occur. _____

Section 4.0 details the minimum testing requirements for acceptance. If additional or alternative testing is required, specify here: _____

_____

Section 4.3.3 requires 3rd party testing. If an alternate form of 3rd party validation of the testing is required, specify here: _____

_____

Reference Section 5.0 – PREPARATION FOR DELIVERY

If a different mode of delivery or preparation for delivery than is specified in Section 5.0 the requirements should be detailed here along with the delivery address for the ambulance. _____

_____

Reference Section 6.0 – NOTES

If an extended warranty (beyond what is required in 6.2.1) on the entire vehicle or specific components is required, indicate which component(s) and the length and scope of the warranty:

_____

_____