

Ambulance Daily Inspection Checklist

Health Services

AMBULANCE CONDITION

Is the vehicle's exterior clean and well maintained?

Yes

No

NA

Is the truck's interior well maintained?

Yes

No

NA

Is the patient's compartment clean and hygienic?

Yes

No

NA

Attach the image of the damaged area if any.

UPLOAD

Did you notice any Protocol book on the unit?

Yes

No

NA

Which of the following systems were functional?

- ☐ Headlights ☐ Clearance lights ☐ Emergency lights ☐ Scene lights ☐ Sirens ☐ Backup alarm
☐ Brake lights ☐ Tail lights ☐ Turn lights

Elaborate on the negatives if any.

textarea

EQUIPMENT CHECK

Is the stretcher in working condition?

Yes

No

NA

Did you find any shoulder straps in the stretcher?

Yes

No

NA

Is charged oxygen cylinder present in the airway bag?

Yes

No

NA

Was spare batteries available in heart monitor?

Yes

No

NA

Attach the image of the Monitor passed user test if any.

UPLOAD

Is the Response bag well maintained and stocked with latest items?

Yes

No

NA

Please mark which of the following was available.

- ☐ 2 Hard hats with goggles ☐ 2 Pair gauntlet gloves ☐ 2 Safety Vests ☐ 2 Flashlights ☐ 2 BSI Kits
- ☐ Window Punch ☐ 1 ☐ Sharps Container ☐ 3 Road Reflectors ☐ Hand Sanitizer
- ☐ 1 Fire Extinguisher Cab ☐ 1 Fire Extinguisher Outside compartment ☐ 1 Fire Extinguisher patient compartment

If marked "no" in any Stretcher/Response bags/Monitor section elaborate it.

textarea

FUEL CHECK

What is the fuel level at checkout? (Indicate the closest amount)

2021-08-01

2021-04-01

2021-02-01

2021-04-03

Full

Is the engine oil levels perfect?

Yes

No

NA

Is the windshield wiper fluid levels perfect?

Yes

No

NA

Did you notice any fluids leakage?

Yes

No

NA

PATIENT AREA CHECK

Were the linens in good condition?

Yes

No

NA

Please mark which of the following was present and in working condition?

☐

Regular Trash

☐

Bio Hazard Trash

☐

Portable Suction

☐

On Board Suction

☐

Transport Ventilator

☐

CPAP