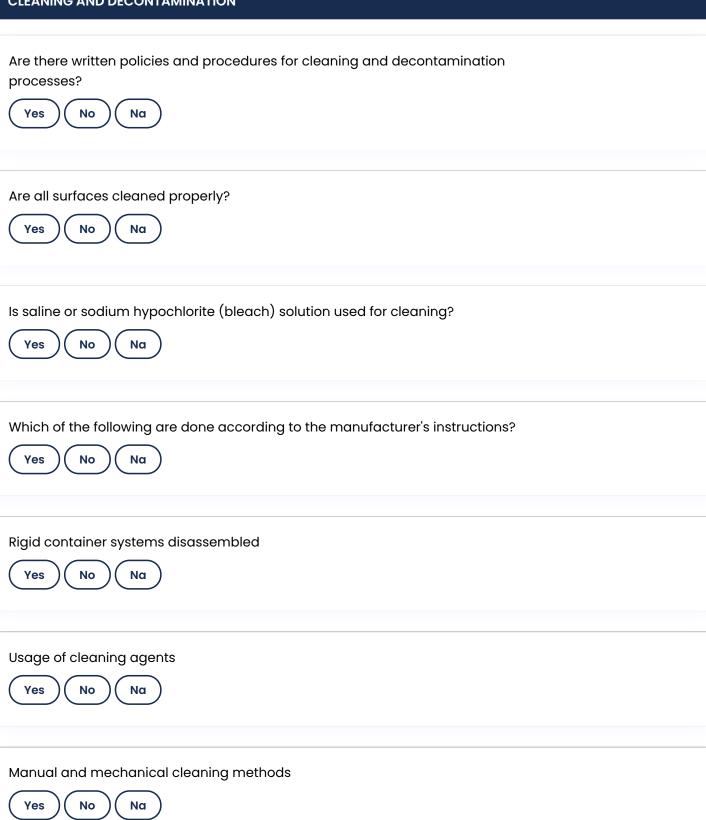
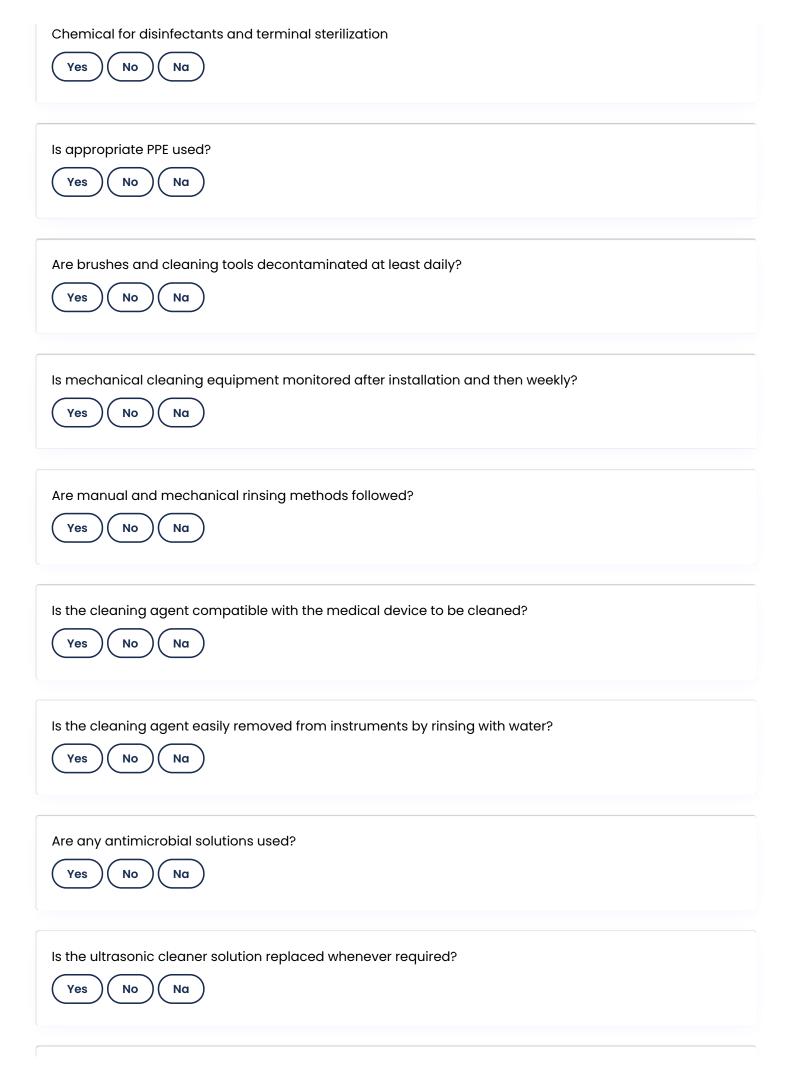
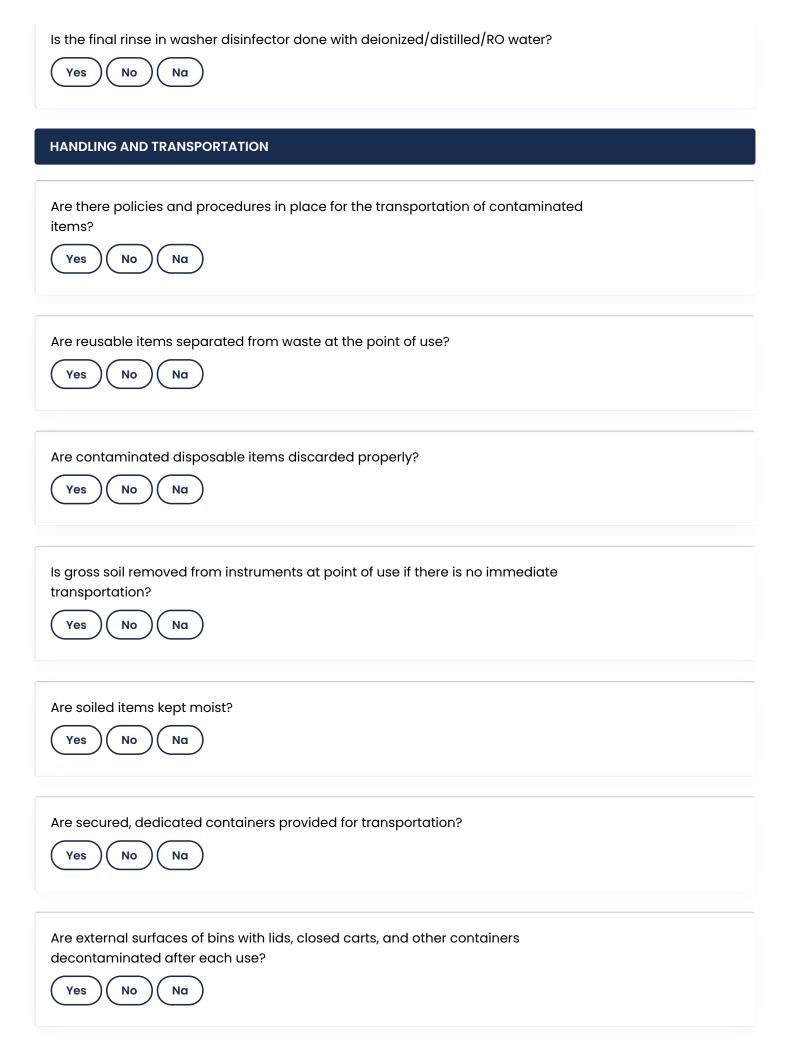
## **COVID-19 Ambulance and SOP Inspection**

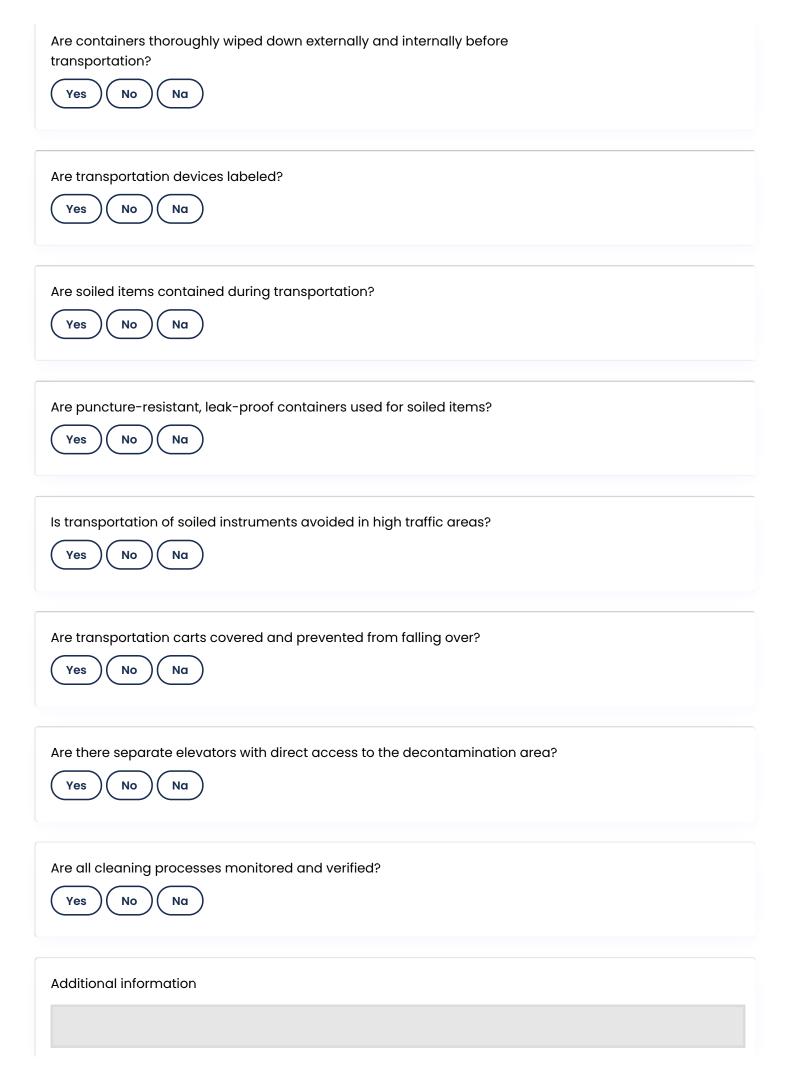
## **Health Services**

## **CLEANING AND DECONTAMINATION**









Inspectors Name/signature:

Inspection Date:

DATE

2017-01-01