**Project Name:**

**Checklist No. …………**

**Make:**

**Checklist for Equipment Inspection**

**Project code :**

**Date :**

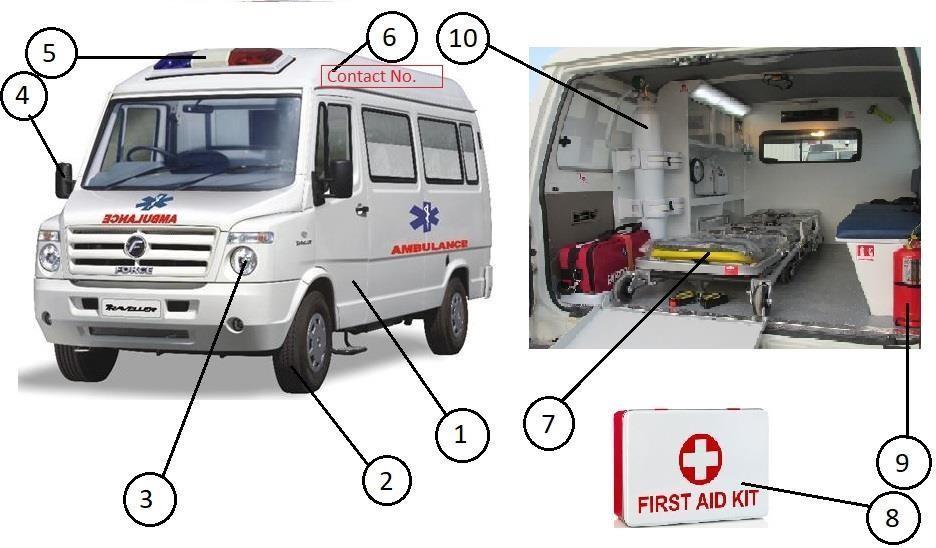
**Model :**

**Hired :**

**Contractor :**

****

| Equipment Name & Number: | | **AMBULANCE** & | | | |
| --- | --- | --- | --- | --- | --- |
| **Note:** Please write Yes or No in the given box and if some comments write in the remarks column. | | | | | |
| **SN.** | **Description** | |  | **Yes/No** | **Remarks** |
| 1. | Physical condition of vehicle including brake and clutch. | | # |  |  |
| 2. | Condition of tire and availability of spare/stepney tire. | | # |  |  |
| 3. | Head & tail light and indicators are in working condition. | | # |  |  |
| 4. | Side mirror. | | # |  |  |
| 5. | Functional condition of emergency light and audible siren are in working condition. | | # |  |  |
| 6. | Emergency contact number displayed. | | # |  |  |
| 7. | Availability and condition of stretcher. | | # |  |  |
| 8. | Availability of first aid kit with suitable medicine. | | # |  |  |
| 9. | Portable fire extinguisher. | | # |  |  |
| 10. | Medical oxygen cylinder with pressure gauge and availability of key to open the cylinder. | | # |  |  |
| 11. | Condition of canister mask. | | # |  |  |
| 12. | Availability and condition of fan for ventilation. | | # |  |  |
| 13. | Driver has a valid license for operating an ambulance. | | # |  |  |



| FIT |  | PARTIALLY FIT UNFIT | |  |  |
| --- | --- | --- | --- | --- | --- |
| Inspected By | | | Reviewed By | | |
| Name: | | | Name: | | |
| Signature with date: | | | Signature with date: | | |