

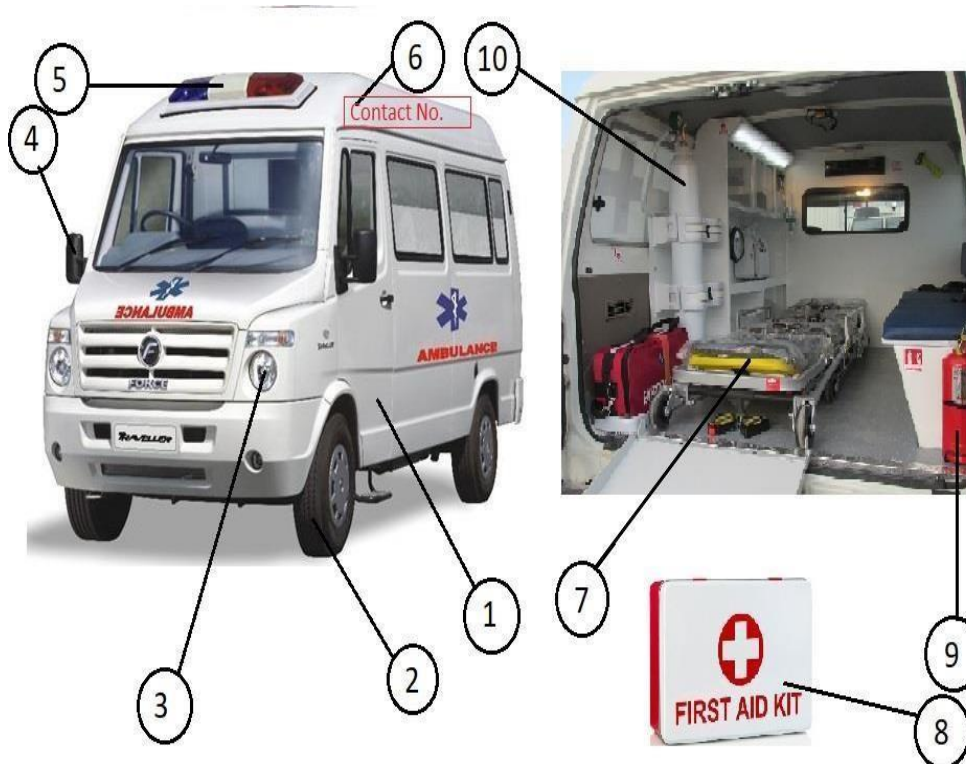
### Equipment Inspection Checklist

**Project Name:**  
**Checklist No. ....**  
**Make:**  
**OWN**

**Hired**

**Project Code:**  
**Date:**  
**Model:**  
**Contractor**

Equipment Name & Number:		<b>AMBULANCE</b>		
<b>Note:</b> Please write Yes or No in the given box and if some comments write in 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 valid license for operating ambulance.	#		



FIT	<input type="checkbox"/>	PARTIALLY FIT	<input type="checkbox"/>	UNFIT	<input type="checkbox"/>
Inspected By			Reviewed By		
Name:			Name:		
Signature with date:			Signature with date:		