

# AMBULANCE CHECKLIST

ENVIRONMENT HEALTH & SAFETY  
(ISO 14001 / OHSAS 18001)

Format No.:

Vehicle No.:

Name of Driver:

Month / Year:

SR. NO	CHECKLIST POINTS	WEEKS				REMARKS
		1 <sup>ST</sup> SATISFACTION (YES/NO)	2 <sup>ND</sup> SATISFACTION (YES/NO)	3 <sup>RD</sup> SATISFACTION (YES/NO)	4 <sup>TH</sup> SATISFACTION (YES/NO)	
01	Check the driving license is available with driver?					
02	Check the Driver fitness certificate is available? Timely check reports are available?					
03	Ambulance clutch & breaks is properly works?					
04	Check is there head lights is properly works?					
05	Check ambulance headlight and tail light is properly working?					
06	All horns are properly sound?					
07	Is there fire extinguisher is available with ambulance? Fire extinguisher is refilled? Green colors indicate on it?					
08	Ambulance having a first aid box? And all required medicines are available? Stricture is available?					
09	Check the tire air is proper pressurized?					
10	Check on the vehicle on Rear side "AMBULANCE" & Front side AMBULANCE is clearly readable (front side check with mirror) – Word's dull color, any word is scratched not acceptable.					

Inspected By:

Date: