AMBULANCE & EMERGENCY VEHICLE INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Exterior & Emergency Lighting

☐ Yes ☐ No — Emergency light bars and sirens are fully functional

☐ Yes ☐ No — Exterior body and decals are clean and undamaged

☐ Yes ☐ No — Headlights, taillights, and turn signals operate correctly

☐ Yes ☐ No — Scene lights and floodlights provide adequate illumination

Patient Compartment & Medical Equipment

☐ Yes ☐ No — Stretcher mount and locking mechanism are secure

☐ Yes ☐ No — Oxygen cylinders are full and delivery systems functional

☐ Yes ☐ No — Suction units and AED are tested and operational

☐ Yes ☐ No — Medical supplies are stocked and within expiration dates

Vehicle Mechanical & Safety

☐ Yes ☐ No — Engine fluids, oil, and coolant levels are sufficient

☐ Yes ☐ No — Braking system is responsive and parking brake holds

☐ Yes ☐ No — Tires have adequate tread and correct air pressure

☐ Yes ☐ No — Battery and electrical charging systems are stable

Communication & Navigation

☐ Yes ☐ No — Two-way radio and dispatch systems are clear

☐ Yes ☐ No — GPS and navigation units are updated and functional

☐ Yes ☐ No — Onboard computer and MDT systems boot correctly

☐ Yes ☐ No — Backup camera and proximity sensors are operational

FINAL NOTES

Inspector Comments:

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Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately