

	TITLE: AMBULANCE WEEKLY CHECK LIST	REV NO. 0	GRH TC- 36/2010
	AMBULANCE DEPARTMENT	DATE: 01.07.2010	
		Page 1 of 1	

This record is maintained as a register.

Sl. No.	Accessories to be carried in ambulance	OK / NOT OK	BDR given Y/N	Date of submission of BDR	Responsibility
1	First Aid Box as per AMB F (3)				SN
2	Nebulization Set				SN
3	Defibrillator				SN
4	Portable Ventilator				SN
5	O ₂ cylinder small				AD
6	BP apparatus				SN
7	Stethoscope				SN
8	Ambubag				SN
9	Laryngoscope adult/pediatric				SN
10	Stretchers – 1 No.				AD
11	Urine can				SN
12	DNS – 5 No.s				SN
13	RL – 5 No.s				SN
14	Bins for Biomedical waste				SN

Legend

OK – Fit for use

Not OK – Unfit for use

Y- Yes

N- No

BDR – Break down report

AD – Ambulance Driver

SN – Staff nurse of casualty