



AMBULANCE - DAILY INSPECTION

OPERATOR _____
DATE / TIME _____

VEHICLE ID # _____
KILOMETERS _____

VEHICLE EXTERIOR		
Satis- factory	Attn Reqd	
		Check vehicle body condition
		Check windows and windshield
		Check mirrors
		Check lights throughout (front, rear, flashers, grill lights)
		Visual inspection underneath (leaks, debris)
		Check tire condition
		Check tire pressure
		Check lug nuts
		Check fuel tank - at least 3/4 full

SAFETY EQUIPMENT		
Satis- factory	Attn Reqd	
		Check first aid kit
		Check fire extinguisher

AFTER STARTING		
		Listen for unusual sounds

DURING OPERATION		
		Check all gauges, esp. oil and temperature

**DO NOT operate if temperature is high,
oil pressure is low or if unusual noise occurs**

VEHICLE INTERIOR		
Satis- factory	Attn Reqd	
		Check heater (all settings)
		Check emergency brake system
		Check all dash lights
		Complete mirror adjustment
		Check all seats and seat belts
		Test horn
		Test siren
		Check windshield wipers
		Check for obvious deficiencies

AT THE END OF SHIFT		
		Fill fuel tank
		Turn off all lights and accessories
		Check for indications of leaks
		Clean cab
		Clean any equipment used

MATERIALS/SUPPLIES USED

Parts/Materials used: _____
 Fluids Added: _____
 Fuel: _____

Comments: _____

Operator Signature
