



AMBULANCE - MONTHLY INSPECTION

OPERATOR _____
DATE / TIME _____

VEHICLE ID # _____
KILOMETERS _____

VEHICLE EXTERIOR		
Satis- factory	Attn Reqd	
		Inspect body for damage
		Check for oil leaks under vehicle
		Check headlights
		Check tail and marker lights
		Check signal and hazard lights
		Check emergency warning lights
		Check glass and mirrors
		Inspect tires esp. tread depth and condition
		Check wheel lugs for tightness
		Check tire pressure

ENGINE COMPARTMENT		
Satis- factory	Attn Reqd	
		Check engine oil level
		Check engine coolant system and level
		Check power steering fluid level
		Check hoses for leaks or cracks
		Check drive belts for condition and tension
		Check window washer fluid level
		Check battery for condition and voltage

VEHICLE INTERIOR		
Satis- factory	Attn Reqd	
		Check fuel level
		Check all interior lights
		Check all gauges
		Check windshield wipers and washer
		Check function of horn and siren
		Check function of parking brake
		Check heater and window defroster
		Check service due dates

MATERIALS/SUPPLIES USED
Parts/Materials used: _____
Fluids Added: _____
Fuel: _____

Comments: _____

Operator Signature
