

Ambulance Checklist

Ref No.: PI/EHS/C/18
Issue date: 05/05/25
Rev No: 00

Inspection Information

Contractor:	Lakhan	Doc. No :	NA
Driver Name:	Ravi	Date:	18-Mar-2026 10:30:24 AM

Inspection Type Attachment



Doc. No: 12345

Checklist

Description	Yes	No	N/A	Remarks
Licensed driver deployed				
Contact number displayed on the vehicle				
Oxygen Cylinder available				
Mask In Good Condition				
Stretcher With Belt				
Function Test				
Folding Stretcher				
Basic First Aid Kit				
Torniquet				
Splints				
Neck Brace				
Back Door Opens Easily From Inside				
Back & Side Doors Locking System Good Condition				
Good Mechanical Condition/Tires				
Revolving Lights/Headlights/Signal Lights				
Service Horn/Siren				

Remarks (If any further): NA

Inspection Team

Inspected by	Name	Date	Status
Contractor's Representative	Rosie Swafford	20-Mar-2026 04:01:00 PM	Signed
JLL Representative			Unsigned
Client's Representative			Unsigned

Inspection History

Created On	Created By	Comment	Attachments
------------	------------	---------	-------------