



## Department of Environmental Safety & Security Ambulance Inspection Weekly

Inspector Name:

Date:

Time:

Location of Inspection **VLA** This will be an inspection of the vehicle itself

**\* Inspections must be conducted on a Weekly basis**  
**\* Maintain checklist as documentation of this requirement**

Item	Yes	No	N/A	Comments
A. Start with a walk around visual looking for the obvious				
Open the hood				
1. ck. Oil level				
2. ck. Antifreeze				
3. ck. Transmission fluid level				
4. ck. Brake fluid level				
5. Make sure ambulance starts				
6. ck. All lights emergency and non-emergency				
7. Look at all tires ck. Air pressure				
8. Ck. Windshields and wipers				
9.				