# Ambulance Audit Checklist



### **Audit**

Audit is defined as the formal examination and recording of the results, and is divided into structure (representing resources), process (the way that resources are applied) and outcome (the result of intervention).

#### Format of Ambulance Audit Checklist

Following Checklist is to be filled by the Auditor conducting thorough inspection of the vehicle and its equipment. If the Equipment present are found non-functional then it shall be mentioned in the comments section.

Category of Vehicle: **Private/Government** 

Type of Ambulance: Basic Life Support/Advance Life Support/108/104/Base Ambulance

Vehicle No: Base Location:

Name of the (Emergency Medical Technician):

Name of the Pilot:

Block: District:

Auditor's Name: Auditors Designation:

**Date of Assessment:** 

S.N	Particulars	Yes/No	Comments
	A. Genera	al	
1	Is the exterior of the vehicle clean and free of damage?		
2	Is the patient compartment clean and free of damage?		
3	Is there any indication of leaking fuel?		
4	Headlights functional?		
5	Emergency lights functional?		
6	Sirens functional?		
7	Brake lights functional		
8	Tail lights functional?		
9	Indicators Functional		
10	Bio Medical Waste (BMW) bins		
11	Stepny (Ready-to-use) is available		
12	Air Conditioner is working properly		
13	Ambulance Log Book is maintained properly		
14	Medical and Non-Medical consumables are stored hygienically		

S.N	Particulars	Numbers	Comments		
	B. Manpower				
1	Pilot				
2	Emergency Medical Technician				
3	Ambulance Staff found in Uniform				
C. Consumables (Check adequacy)					
1	Gloves				
2	Masks				
3	Cap				
4	Face Shield				
5	Sanitizer				

S.N	Particulars	Yes/No	Comments		
	D. Equipment				
1	Oxygen Cylinder				
2	Pulse oximeter				
3	Emergency Drugs				
4	BP Apparatus				
5	Thermometer				
6	Bag and Mask (Adult and Paediatrics)				
7	Stethoscope				
8	Suction Unit				
9	Emergency Drugs Tray				
10	Glucometer				
11	Torch				
12	Stretcher				
13	Nebulizer				
14	Nasal Cannula				

### **Summary of COVID Audit**

S.N	Type of Audit	Facility 1	Facility 2	Facility 3
1	Oxygen Audit			
2	Prescription Audit			
3	Power Audit			
4	Fire Audit			
5	Drug essential medicine Audit			
6	Vaccination Audit			
7	Training Audit			
8	Mucormycosis Audit			
9	ICU			
10	Ambulance			

## Example

S.N	Type of Audit	CHC Baytu (Barmer)	
1	Oxygen Audit	<ol> <li>Oxygen Generation Plant was set up by CSR which require additional electric supply of 37 Kv (Require separte transformer for CHC) electric load as soon as possible.</li> <li>MGP system was established but regulators work still pending.</li> <li>Requirement of Power plugs for using Oxygen Concentrators at each bed.</li> <li>Staff uses Oxygen Concentrators, Cylinders, BiPAP and CPAP as per need.</li> </ol>	
2	Prescription Audit	1. Patient IPD tickets were well maintained as compared to other institutes. 2. After 15 May 2021, all COVID patients were treated under Chiranjeevi Yojana. 3. Few patients admitted in CHC more than 15 days. Every 5 to 7 days, patient treatment and protocol has been changed. 4. COVID patients with SPo2 45% were treated at CHC level.	

3	Power Audit	<ol> <li>Electrical panels were not covered.</li> <li>Requirement of MCBs as per Power load.</li> <li>Electric Engineer and Electrician posts are not sanctiond and requirement of fund for installation and periodic checks of electric</li> </ol>	
4	Fire Audit	components at facility level (ensure 24*7 availability of electrician)  1. No firefighting equipment.  2. No fire alarm system  3. Requirement of facility assessment by NHM (XEn.) for installation and estimation of number of fire extinguishers.  4. NHM Engineer posted at Barmer	
5	Drug essential medicine Audit	All required drugs were available and placed additional demand for COVID-19	
6	Vaccination Audit	1. All items and record were available. 2. COVID vaccination was not scheduled at the time of Visit.	
7	Training Audit	<ol> <li>Require Pre-Post evaluation.</li> <li>Require VC set up at facility for Online training.</li> <li>Should reduce the V.C or should plan the scheduled V.C</li> </ol>	
8	Mucormycosis Audit	NA	

