REPUBLIC OF KENYA

KMPDC
Enhancing Quality Healthcare

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AMBULANCE INSPECTION CHECKLIST

SECTION A. FACILITY/ AMBULANCE SERVICE PROVIDER INFORMATION

REGISTRATION/ GAZETTED NAME OF ENTITY/PROVIDER					
AMBULANCE CHASSIS NUMBER					
AMBULANCE REGISTRATION NUMBER					
PHYSICAL LOCATION					
NAME OF THE CONTACT PERSON					
QUALIFICATION OF CONTACT PERSON					
QUALIFICATION OF CONTACT PERSON					
COUNTY					
SUB-COUNTY					
TOWN/MARKET					
ADDRESS					
PLOT/LR NUMBER/BUILDING (WHERE APPLICABLE)					
INSTITUTION OWNERSHIP	**GOVERNMENT OF KENYA**	**COUNTY GOVERNMENT**	**FAITH BASED ORGANIZATION**	**PRIVATELY OWNED**	**OTHER**
	IF OTHER, SPECIFY				
EMERGENCY MEDICAL SERVICE PERSONNEL ATTACHED (PLEASE SPECIFY)					
AMBULANCE TYPE	**BASIC LIFE SUPPORT AMBULANCE (BLS)**		**ADVANCED LIFE SUPPORT AMBULANCE (ACLS)**		
	ONE PATIENT	**TWO PATIENTS**			
AMBULANCE MODE OF TRANSPORT	**GROUND/ROAD AMBULANCE**	**AIR AMBULANCE**	**MARINE/ WATER AMBULANCE**		

SECTION B. STRUCTURAL AND OPERATIONAL FEATURES OF THE AMBULANCE

ITEM	BLS	ACLS	AVAILABLE	SCORE	REMARKS

A. STRUCTURAL & OPERATIONAL FEATURES OF GROUND AMBULANCES						
AUDIBLE SIREN & LIGHTS	2	2	YES	NO		
SEATBELTS FUNCTIONAL	2	2	YES	NO		
VALID INSURANCE & LOGBOOK	2	2	YES	NO		
GPS	2	2	YES	NO		
RADIO COMMUNICATION	2	2	YES	NO		
CLEAN & SAFE PATIENT AREA	2	2	YES	NO		
HORN/DASHBOARD INDICATORS, GAUGES	2	2	YES	NO		
HEATER/AC OPERATIONAL	2	2	YES	NO		
EXTENDED POWER BACKUP	–	2	YES	NO		
SPARE WHEEL	2	2	YES	NO		
FLOOD LIGHTS	2	2	YES	NO		
SECURE WATER STORAGE	2	2	YES	NO		
TOWING EQUIPMENT	2	2	YES	NO		
SUBTOTAL	**24**	**24**				
B. STRUCTURAL & OPERATIONAL FEATURES OF WATER AMBULANCES						
VALID KENYA MARITIME AUTHORITY LICENSE	2	2				
SAFE EMBARKATION/DISEMBARKATION SYSTEM FOR STRETCHERS	2	2				
ADEQUATE FLOTATION SAFETY EQUIPMENT AND LIFE JACKETS FOR ALL OCCUPANTS	2	2				
SUBTOTAL	**6**	**6**				

ITEM	BLS	ACLS	AVAILABLE		SCORE	REMARKS
C. AIRWAY EQUIPMENT						
BAG VALVE MASK (ADULT, CHILD, INFANT)	6	6	YES	NO		
OXYGEN CYLINDER (WITH REGULATOR & MASK/CANNULA)	5	5	YES	NO		
SUCTION UNIT (MANUAL/PORTABLE)	5	5	YES	NO		
OROPHARYNGEAL/NASOPHARYNGEAL AIRWAYS (ADULT, CHILD, AND INFANT)	6	6	YES	NO		
SUCTION CATHETERS (YANKAUER/SOFT)	–	2	YES	NO		
MECHANICAL VENTILATOR (ADULT & PAEDS)	–	5	YES	NO		
NEBULISER MACHINE	5	5	YES	NO		
SUBTOTAL	**27**	**34**				
D. CARDIAC EQUIPMENT						
AED (WITH EXTRA PADS/BATTERIES)	5	5	YES	NO		
BP MACHINE (WITH ADULT/PAEDIATRIC CUFF)	3	3	YES	NO		
STETHOSCOPE	2	2	YES	NO		
DEFIBRILLATOR/MONITOR (MANUAL, PACING, SYNC)	–	5	YES	NO		
ECG ELECTRODES & LEADS	–	5	YES	NO		
EXTRA BATTERIES/CHARGERS	–	2	YES	NO		
SUBTOTAL	**10**	**22**				

ITEM	BLS	ACLS	AVAILABLE		SCORE	REMARKS
E. IV & FLUIDS						
IV FLUIDS (SALINE/DEXTROSE)	2	2	YES	NO		
IV CATHETERS & INFUSION SETS	2	2	YES	NO		
SHARPS CONTAINER	2	2	YES	NO		
INFUSION SETS/START KITS	2	2	YES	NO		
MEDICATION BOX (SEALED, INVENTORIED)	–	2	YES	NO		
SUBTOTAL	**8**	**10**				
F. IMMOBILISATION						
CERVICAL COLLARS (ADULT & PAEDIATRIC)	4	4	YES	NO		
LONG SPINE BOARDSCOOP STRETCHER	4	4	YES	NO		
STRAPS & HEAD IMMOBILISERS	2	2	YES	NO		
KED (KENDRICK EXTRICATION DEVICE)	–	2	YES	NO		
SUBTOTAL	**10**	**12**				
G. WOUND CARE						
DRESSINGS, GAUZE, BURN SHEETS, TOURNIQUETS, SCISSORS/TAPE/ TRAUMA SHEARS	2	2	YES	NO		
H. OBSTETRIC & PAEDIATRIC						
DELIVERY KIT (STERILE)	2	2	YES	NO		
PAEDIATRIC DOSING CHART	2	2	YES	NO		
INFANT WARMER/BLANKETS	2	2	YES	NO		
SUBTOTAL (G+H)	**8**	**8**				

ITEM	BLS	ACLS	AVAILABLE		SCORE	REMARKS
I. SAFETY & ADDITIONAL EQUIPMENT						
FIRE EXTINGUISHER (CHARGED & INSPECTED)	2	2	YES	NO		
PPE (GLOVES, MASKS, GOWNS)	2	2	YES	NO		
SPILL KIT & SAFETY TRIANGLES	2	2	YES	NO		
FLASHLIGHT & DRINKING WATER	2	2	YES	NO		
REFLECTIVE VESTS/EYE PROTECTION/ BIOHAZARD KIT	–	2	YES	NO		
ANTI PATHOGEN KIT	2	2	YES	NO		
URINAL KIT	2	2	YES	NO		
TRAUMA BAG	4	4	YES	NO		
SUBTOTAL	**16**	**18**				
J. STRETCHER & PATIENT COMPARTMENT						
STRETCHER SECURED & FUNCTIONAL	2	2	YES	NO		
BLANKETS/SHEETS	2	2	YES	NO		
STAIR CHAIR/EVACUATION DEVICE	–	2	YES	NO		
CLIMATE CONTROL/LIGHTING	–	2	YES	NO		
SCOOP STRETCHER	2	2	YES	NO		
SUBTOTAL	**6**	**10**				
K. DRUGS						
MINIMUM (ADRENALINE, DEXTROSE, SALINE)	2	2	YES	NO		
EXTENDED ACLS SET (ATROPINE, HYDROCORTISONE, ANALGESICS, DEXTRAN, 5%/50% DEXTROSE, ETC.)	–	6	YES	NO		
SUBTOTAL	**2**	**8**				

ITEM	BLS	ACLS	AVAILABLE		SCORE	REMARKS
L. MISCELLANEOUS						
WASTE BAGS (BLACK, YELLOW, RED), SANITIZER, CLIPBOARD, WATER	2	2	YES	NO		
M. PERSONNEL						
DRIVER/OPERATOR (NTSA LICENSE)	2	2	YES	NO		
DRIVER/OPERATOR EMT TRAINING	2	2	YES	NO		
EMT (LICENSED)	4	4	YES	NO		
PARAMEDIC (MANDATORY ACLS)	–	4	YES	NO		
CRITICAL CARE NURSEWITH ADDITIONAL TRAINING IN EMT/PARAMEDICINE	–	4	YES	NO		
MEDICAL OFFICER / SPECIALISTNURSE WITH ADDITIONAL TRAINING IN EMT/PARAMEDICINE	–	4	YES	NO		
SUBTOTAL (L+M)	**10**	**22**				
N. DOCUMENTATION						
SOPS (HANDOVER & PATIENT RECEIVING, CONSENT FORMS)	2	2	YES	NO		
PATIENT CARE REPORT (PCR) FORMS/TABLET	2	2	YES	NO		
PENS, MARKERS, CLIPBOARD	–	–	YES	NO		
VEHICLE INSPECTION CERTIFICATE (NTSA/KEBS)	3	3	YES	NO		
OPERATOR CHECKLIST	2	2	YES	NO		
VEHICLE MOVEMENT LOG/WORK TICKET	1	1	YES	NO		
COMPREHENSIVE VEHICLE COVER (INSURANCE)	2	2	YES	NO		
PROFESSIONAL INDEMNITY FOR EACH PERSONNEL	2	2	YES	NO		
QUALITY IMPROVE	2	2	YES	NO		
SUBTOTAL	**16**	**16**				

ITEM	BLS	ACLS	FINAL SCORE	REMARKS
GRAND TOTAL (%)	143 (100)	190 (100)		

PASS ≥ 70%
CONDITIONAL 60–69%
FAIL < 60%

SECTION C. FINDINGS AND RECOMMENDATIONS

KEY FINDINGS

RECOMMENDATIONS

SIGN OFF

REGISTERED AMBULANCE OWNER/IN-CHARGE/ADMINISTRATOR

NAME					
DESIGNATION					
QUALIFICATIONS					
REGULATORY BODY					
REGISTRATION NUMBER					
LICENSE NUMBER					
PHONE NUMBER					
E-MAIL					
SIGNATURE		DATE	DD	MM	YYYY

INSPECTION TEAM

NAME	ORGANIZATION	SIGNATURE

TIME OF INSPECTION		DATE OF INSPECTION	DD	MM	YYYY