

Home Visit Record Log

Med Car No:		Name of Driver on Duty:		Date of shift:		Equipment bag Number:	
				Start time:			

Break Time start Break Time Finish		Break Time start Break Time Finish		Break Time start Break Time Finish	
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No.	Call No.	Priority	T.O.A Time of Arrival	T.O.D.D Time of Driver Departure	Any Contact Made Y/N	Any other Comments – Do not write any personal details of patients	Calling Card Left NO PERSONAL INFO
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Urgent Care Coordinator: 0151 230 5554 / Shift Manager: 0151 221 5837 / Referral Coordinator: 0151 221 5835

Please do not write any personal details on this form, all identifiable information should be removed.

Daily Car Check List

Check Item	Yes	No	Check Item	Yes	No
WATER			TYRES - OBSERVATIONS		
Wipers			Tread (above 3mm)		
Washers F/B			Pressure		
LIGHTS			LOCKS		
Brakes			Doors – inc boot		
Indicators			Windows		
Main/Side/Fog/Day/Real Licence Plate			CLEAN AND TIDY		
Interior			Interior		
Green Light			Exterior		
Car Horn			Any damage – wear and tear		
OIL			DASH		
Oil – any Lights/Leaks			Warning lights		
COMMENTS – HAVE YOU REPORTED TO THE SHIFT MANAGER?					

IT EQUIPMENT	Yes	No	COMMENTS
Mobiles x 2 both working & charged?			
In car charger working			
Any Damage to laptop START OF SHIFT			
Any damage to laptop END OF SHIFT			
ALL Tamper stickers in place?			

Please note any damage to the laptops using the diagram (to the right) and report to the Shift Manager asap.

MEDS EQUIPMENT	Yes	No	COMMENTS
Bags A&B tagged?			
Resus bag tagged?			
Have you got the defibrillator & nebuliser?			
Prescriptions returned?			
Winter pack in boot?			

Please note any damage to the vehicle using the diagram (to the right) and report to the shift manager asap.

Print name		
Signature		
Checked by Fleet Lead	Signature	Date

Date	
Time of shift	
Med Car No.	
Hire Car Reg No.	

Fuel level	
Fuel topped up?	

