

Home Visit Vehicle Check List

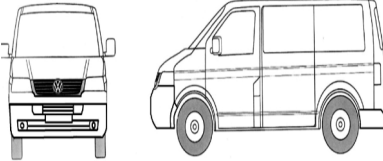
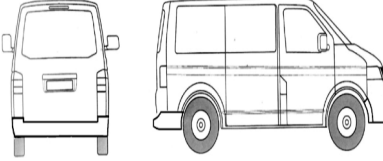
| | | |
|-----------------|---------------------------|--------------------------|
| GP On Duty: | BAT PHONE: 0151 230 5554 | Date Of Shift: / / |
| Driver On Duty: | Supervisor: 0151 230 5566 | Time Of Shift: |

| No | Call Number | Breach Time | Priority | Complaint | T.O.A | T.O.C | Other Info |
|----|-------------|-------------|----------|-----------|-------|-------|------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

This sheet will be checked the next following working day

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

Home Visit Vehicle Check List

| | | | | |
|--|--|-------------------------------|--|---|
| Water | <input type="checkbox"/> Washers <input type="checkbox"/> Radiator Level <input type="checkbox"/> Wipers <input type="checkbox"/> Anti Freeze | Lights | <input type="checkbox"/> Brakes <input type="checkbox"/> Indicators <input type="checkbox"/> Main/Side/Fog <input type="checkbox"/> Interior | <div style="text-align: center;">   </div> <p>Note: Please note any damage to the vehicle using the diagram and report to your supervisor immediately</p> <p>Med Car _____</p> <p>Paper Work Removed <input type="checkbox"/></p> <p>Print Name _____</p> <p>Signed _____</p> <p>Checked by Fleet Lead</p> <p>Signed _____</p> <p>Date: / /</p> |
| Fuel (Diesel Only) | Fuel Level : | Mirrors | <input type="checkbox"/> Interior <input type="checkbox"/> Exterior | |
| Tyres | <input type="checkbox"/> Tread <input type="checkbox"/> Pressure <input type="checkbox"/> Spare | Locks | <input type="checkbox"/> Boot <input type="checkbox"/> Doors <input type="checkbox"/> Windows | |
| Interior Clean & Tidy | <input type="checkbox"/> Carpets <input type="checkbox"/> Seats <input type="checkbox"/> Dashboard <input type="checkbox"/> Foot wells | I.T. Equipment | <input type="checkbox"/> Driver Mobile <input type="checkbox"/> Doctor Mobile <input type="checkbox"/> Sat Navigation <input type="checkbox"/> Computer <input type="checkbox"/> Printer <input type="checkbox"/> Keyboard <input type="checkbox"/> Sat Nav <input type="checkbox"/> Computer | |
| Med's Equipment | <input type="checkbox"/> Bag A <input type="checkbox"/> Bag B <input type="checkbox"/> Resuscitation Bag <input type="checkbox"/> Sharps Box <input type="checkbox"/> Defribulator <input type="checkbox"/> Torch <input type="checkbox"/> Winter Pack | Log Book Completed | <input type="checkbox"/> Shift Start: <input type="checkbox"/> Shift Finish: | |

Please ensure that this checklist has been completed, failure to carry out these checks WILL result in disciplinary action