

# LifeLine

## WHEELCHAIR SERVICE

This Check Off List is to be completed, scanned, and sent via ftp at the start of each shift. Please use the following format:

(Month) (Date) (Unit) = Jan 21 C80

Date: 4/19/17

Unit #: 25

Shift: 500/300

- ☒ Brighton
- ☐ Concord
- ☐ Danvers
- ☐ Framingham
- ☐ Laconia
- ☐ Merrimack
- ☐ Milford

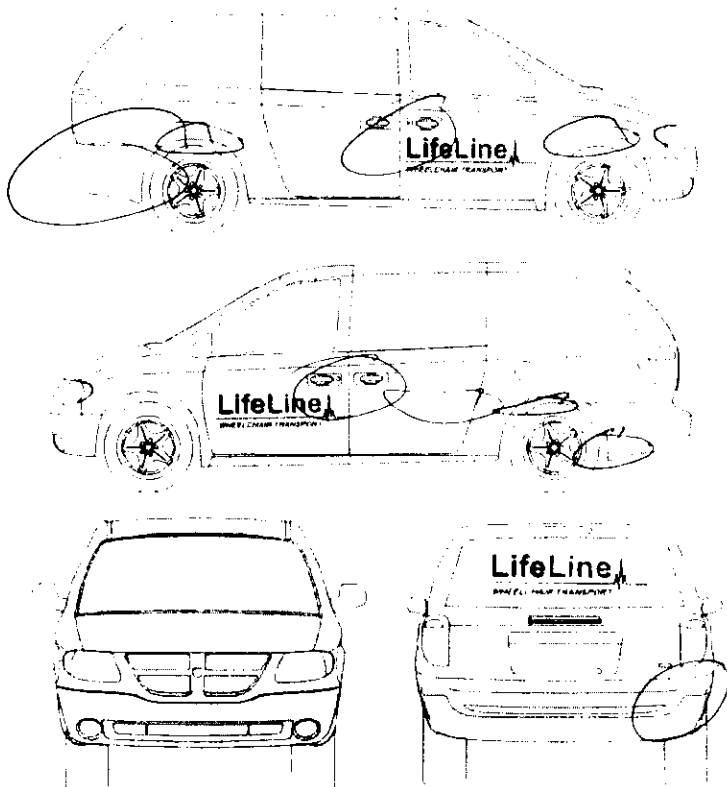
- ☐ Needham
- ☐ North Hampton
- ☐ Norwood
- ☐ Somersworth
- ☐ Woburn
- ☐ Worcester
- ☐ \_\_\_\_\_

### Mini Van Checklist

Driver: <u>Bob Cedrone</u>		
Driver's License on Person	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
DOT Medical Card on Person	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N
CPR Card on Person	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Photo ID on Uniform	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Collar Pins on Uniform	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

<b>Mechanical</b> - E-mail mechanic@lifelineamb.com if oil change or inspection sticker is needed				
Fuel Level	Full	3/4	<input checked="" type="checkbox"/> Half	1/4
Mileage	<u>78371</u>			
Oil Change Mileage				
Oil Level Full	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Amount Added _____	
Washer Fluid Full	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Amount Added _____	
Inspection Sticker Expires	<u>10/1</u>			

Circle any damage or lights that are out



Cab Equipment	Test OK*	Paperwork
Two-way Radio	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	MA Chair Car Patient Care Report (10)
GPS Unit	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	NH Chair Car Patient Care Report (10)
AM / FM Radio	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Patient Return Envelopes
Factory Horn	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Dialysis Patient Care Report (10)
Door Locks	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

\* E-mail mechanic@lifelineamb.com if any of the above items need repair.

<b>Cab Area</b> - E-mail equipment@lifelineamb.com if any items are missing.		
Map book	<u>1</u>	<input checked="" type="checkbox"/>
Fire extinguisher	1	<input type="checkbox"/>
Vehicle Registration (current)	1	<input type="checkbox"/>
Fleet Fuel Card (for this unit)	1	<input type="checkbox"/>
Fast Lane Transponder	1	<input type="checkbox"/>

<b>Equipment</b> - E-mail equipment@lifelineamb.com if any items are missing.		
First Aid Kit	<u>1</u>	<input checked="" type="checkbox"/>
CPR Mask	1	<input type="checkbox"/>
Flashlight (functioning)	<u>1</u>	<input checked="" type="checkbox"/>
Sealable Motion Sickness Bag	<u>5</u>	<input checked="" type="checkbox"/>
Spare Flashlight Battery	<u>1</u>	<input checked="" type="checkbox"/>
Heavy Gray Blanket	2	<input type="checkbox"/>
Red "9 Foot Strap	<u>2</u>	<input checked="" type="checkbox"/>
Box of Disposable Gloves	1	<input type="checkbox"/>
Auto-Retractable Tie-Down Straps (Functioning)	4	<input type="checkbox"/>
Lap Belt with Shoulder Strap	1	<input type="checkbox"/>
Wheelchair with Legs Attached (no defects)	1	<input type="checkbox"/>
Road Hazard Triangles (Box of 3)	1	<input type="checkbox"/>
Tub of Equipment Sanitizer Wipes	1	<input type="checkbox"/>

**Tires** (Visual Inspection):

☐ Tires appear to be properly inflated and show no excessive wear.

If you note any issues with the tires, contact your dispatcher immediately for further instructions.

Notes: \_\_\_\_\_

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(Month) (Date) (Unit) = Jan 21 C80

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Brighton   | <input type="checkbox"/> Needham       |
| <input type="checkbox"/> Concord    | <input type="checkbox"/> North Hampton |
| <input type="checkbox"/> Danvers    | <input type="checkbox"/> Norwood       |
| <input type="checkbox"/> Framingham | <input type="checkbox"/> Somersworth   |
| <input type="checkbox"/> Laconia    | <input type="checkbox"/> Woburn        |
| <input type="checkbox"/> Merrimack  | <input type="checkbox"/> Worcester     |
| <input type="checkbox"/> Milford    | <input type="checkbox"/> _____         |

### Large Van Checklist

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Unit #: \_\_\_\_ Shift: \_\_\_\_

Driver:		
Driver's License on Person	Y	N
DOT Medical Card on Person	Y	N
CPR Card on Person	Y	N
Photo ID on Uniform	Y	N
Collar Pins on Uniform	Y	N

<b>Mechanical</b> - E-mail mechanic@lifelineamb.com if oil change or inspection sticker is needed				
Fuel Level	Full	3/4	Half	1/4
Mileage				
Oil Level Full	Yes	No	Amount Added _____	
Washer Fluid Full	Yes	No	Amount Added _____	
Inspection Sticker Expires	/ /			

Circle any damage or lights that are out

Cab Equipment	Test OK*	
Two-way Radio	Y	N
GPS Unit	Y	N
AM / FM Radio	Y	N
Factory Horn	Y	N
Door Locks	Y	N

Paperwork	
MA Chair Car Patient Care Report (10)	
NH Chair Car Patient Care Report (10)	
Patient Return Envelopes	
Dialysis Patient Care Report (10)	

\* E-mail mechanic@lifelineamb.com if any of the above items need repair.

<b>Cab Area</b> - E-mail equipment@lifelineamb.com if any items are missing.		
Map book	1	
Fire extinguisher	1	
Vehicle Registration (current)	1	
Fleet Fuel Card (for this unit)	1	
Fast Lane Transponder	1	

<b>Equipment</b> - E-mail equipment@lifelineamb.com if any items are missing.		
First Aid Kit	1	
CPR Mask	1	
Flashlight (functioning)	1	
Sealable Motion Sickness Bag	5	
Spare Flashlight Battery	1	
Heavy Gray Blanket	2	
Red "9 Foot Strap	4	
Box of Disposable Gloves	1	
Auto-Retractable Tie-Down Straps (Functioning)	4	
Manual Ratchet Tie-Down Straps (Functioning)	4	
Lap Belt with Shoulder Strap	2	
Wheelchair with Legs Attached (no defects)	1	
Road Hazard Triangles (Box of 3)	1	
Tab of Equipment Sanitizer Wipes	1	

Hydraulic Lift	Test OK*	
Lift Control is intact and functioning	Y	N
Lift Unfolds	Y	N
Lift lowers to the ground position	Y	N
Lift raises to the fold position	Y	N
Lift Folds	Y	N
Manual Operation Handle is Present	Y	N

**Tires** (Visual Inspection):

☐ Tires appear to be properly inflated and show no excessive wear.

If you note any issues with the tires, contact your dispatcher immediately for further instructions.

**Notes:** \_\_\_\_\_