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| **Ambulance Evaluation Period \_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
|
| **S.No** | **Amb Sign #** | **Inspection Date Odometer** | **Make** | **Vehicle Evaluate Scoring** | | | **Inspection Date** | **Recommendation** |
| **B= Bad** *Below 40* | **A= Average**  *40-70* | **G= Good** *Above 70* |
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