APPLICATION FORM

FOR

ADVANCED LIFE SUPPORT AMBULANCE

(For Certification by Committee for Registration of Ambulances in Delhi)

1.	Applicant Details				
	Name of the Applica (in Block letters)	ant	:		
	Name of the owner of	of the vehicle	:		
	Address of Applican	t	:		
2.	Vehicle Details				
	Vehicle Make & Mod	del	:		
	Chassis No.		:		
	Engine No.		:		
	Vehicle Colour		:		
	Purchased from		:		
	Invoice No. & Date		:		
3.	Organisation Details				
	Name of the Organisation (in Block letters)		:		
	Address		:		
	Contact details Phone Nos.				
		Email ID	•		
	Nature of activities				
			•		
	No of Ambulances already owned				
	by Organisation	No. of Ambulances already owned by Organisation		ALS: BLS: PTA:	

4. Compliance to prescribed guidelines

A. Emblems and Markings

S. No.	Requirements	Details
1.	All emblem & marking items shall be of reflective quality and in contrasting color to the exterior painted surface of the ambulance	
2.	Continuous blue stripe , of not less than 8cm on cab and 15 cm on patient compartment, to encircle the entire ambulance with the exclusion of the hood panel	
3.	Type, size and location of emblems and markings: Front: The word "AMBULANCE", minimum of 10 cm in height, shall be in mirror image (reverse reading) for mirror identification by drivers ahead, with a blue "Star of Life", minimum of 8cm height, to the left and right of the word "AMBULANCE." If vehicle design permits, there shall be a blue "Star of Life" of no less than 30 cm in height on the front section of the patient compartment	
	Side: Each side of the patient compartment shall have the blue "Star of Life" not less than 30 cm in height. The word "AMBULANCE", not less than 15 cm in height, shall be under or beside each star. The name of the licensee as stated on their provider's license shall be of lettering not less than 8 cm in height	
	Rear: The word "AMBULANCE", not less than 15 cm in height, and two blue "Star of Life" emblems of not less than 30 cm in height	
	Top (roof): There shall be a blue "Star of Life" of not less than 60 cm in height as well as the individual provider's ambulance number (example: unit "23") of not less than 30 cm in height	

B. Interior Patient Compartment Dimensions

S. No.	Requirements	Compliance
1.	Minimum Patient Compartment Length: 2700 mm	
2.	Minimum Patient Compartment Width: 1500 mm	
3.	Minimum Patient Compartment Height: 1500 mm from floor to ceiling.	

4.	Properly ventilated patient cabin and comfortable ride, free from external noise and floor should be free of joints for easy cleaning/fumigation/disinfection	
5.	Adequate power supply backup for medical equipments	
6.	Superior quality fans (atleast two) and sufficient lighting	
7.	Storage space for keeping medical equipments and consumables	
8.	Siren & beacons with atleast three flashers on both sides of ambulance	

C. Essential Medical Equipment and other items

S. No.	Requirements	Compliance/Details	
1.	Transport Ventilator	Make: Model: Sl. No.: Year of manufacture:	
2.	Portable suction apparatus Wide-bore tubing, rigid pharyngeal curved suction tip; Tonsillar and flexible suction catheters, 5 F - 14F	Make: Model: SI. No.: Year of manufacture:	
3.	Portable& Fixed Oxygen equipment with key wrench & trolley Variable flow regulator	Make: Model: SI. No.: Year of manufacture:	
4.	Oxygen administration equipment Adequate length tubing' mask (adult, child, and infant sizes), transparent, non-rebreathing, Venturi, and Valveless; nasal cannulas (adult, child, and infant sizes)		
5.	Pocket mask with one-way valve		
6.	AMBU Resuscitation Bags Adult & Paed. Hand operated, self-re- expanding bag (adult and infant sizes), with oxygen reservoir/accumulator, clear mask (adult, child, infant, and neonate sizes); valve (clear, disposable, operable in cold weather)	Make: Model: Sl. No.: Year of manufacture:	
7.	Intubation equipments Magill's forceps, Laryngoscope blades & other accessories, endotracheal tubes& connecting tubes etc.	Make: Model: SI. No.: Year of manufacture:	
8.	Airways Nasopharyngeal, Oropharyngeal (adult, child, and infant sizes)	Make: Model: SI. No.: Year of manufacture:	
9.	Oxygen saturation monitor with different probes for adult and child	Make: Model: Sl. No.: Year of manufacture:	

10.	Automatic External Defibrillator	Make:
		Model:
		SI. No.:
		Year of manufacture:
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11.	Multi parameter monitor	Make:
		Model:
		SI. No.:
		Year of manufacture:
12.	End Tidal CO. Monitor	Make:
12.	End Tidal CO ₂ Monitor	
		Model:
		SI. No.:
		Year of manufacture:
13.	Syringe Pump	Make:
10.	0,111.ge 1 011.p	Model:
		SI. No.:
		Year of manufacture:
14.	IV Lines	
15.	<u>Cervical collars</u> - Rigid for children	Make:
15.	_	
	aged 2 years or older, infant, child,	Model:
	and adult sizes	SI. No.:
	(small, medium, large, and other	Year of manufacture:
	available sizes)	
16.	Head immobilization device	Make:
10.		Model:
	(not sandbags)	
	Firm padding or commercial device	SI. No.:
		Year of manufacture:
17.	Lower extremity traction devices	Make:
	Lower extremity, limb-support slings,	Model:
	padded ankle hitch, padded pelvic	SI. No.:
	·	
	support, traction strap (adult and child	Year of manufacture:
	sizes)	
18.	<u>Upper and lower extremity</u>	Make:
	immobilization devices	Model:
	To immobilize one Joint-above and	SI. No.:
	joint below fracture (adult and child	real of manufacture.
	sizes), rigid-support appropriate	
	material (cardboard, metal,	
	pneumatic, vacuum, wood, or plastic)	
19.	Radio lucent backboards (long, short)	Make:
'''	and extrication device Joint-above	Model:
	and joint-below fracture site (chin	SI. No.:
	strap alone should not be used for	Year of manufacture:
	head immobilization), adult and child	
	sizes, with padding for children, hand	
	, ·	
	(extrication, head to pelvis length),	
	long (transport, head to feet), with at	
L	least 3 appropriate restraint straps	
20.	Collapsible chair cum Trolley stretcher	Make:
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Model:
		SI. No.:
		Year of manufacture:
21.	Spine Board	Make:
		Model:
		SI. No.:
		Year of manufacture:

22.	Pneumatic Splints	Make:
22.		Model:
		SI. No.:
00	Communication Torrange and a	Year of manufacture:
23.	Communication Two-way radio	Make:
	communication (UHS, VHF) OR Cellular	Model:
	phone	SI. No.:
		Year of manufacture:
24.	Sphygmomanometer	Make:
	(infant, pediatric, and adult) (regular,	Model:
	large and extra large)	SI. No.:
		Year of manufacture:
25.	Stethoscope (pediatric and adult)	
26.	Digital Thermometer	
27.	Heavy duty scissors for cutting	
	clothing, belts, and boots	
28.	Search Lights (Two):	Make:
	Portable with spot beam of around	Model:
	500 m, sealed lead acid/ NiCd battery	
	operated, capacity of 60 minutes with	
	full intensity, rechargeable.	
29.	Injury Prevention Equipment	
	1. Appropriate restraints (seat belts, air	
	bags) for patient,	
	family members and crew	
	2. Child safety restraints	
	3. Fire extinguisher	
	4. Traffic signaling devices (reflective	
	material triangles or other reflective,	
	non-igniting devices)	
	Thorrigining devices	

D. Consumable Items

S. No.	Requirements	Compliance
1.	Cotton	
2.	Bandage (a) 15cm (b) 10cm (c) 6cm	
3.	Savlon	
4.	Betadine	
5.	Leucoplast	
6.	Pain Spray	
7.	Mistdress Spray	
8.	Vinodine Spray	
9.	Coolex Spray	
10.	Face Mask (Disposable)	
11.	Surgical Gloves	
12.	LMA disposable	
13.	Wide bore needles	
14.	Disposable L.P. Needles	
15.	Syringes ABG (2 & 5 ml)	
16.	Three way stop cork	
17.	Extension I/V lines	
18.	Disposable suction pumps	
19.	ECG electrodes	
20.	Lighted Stylets of different sizes	
21.	Guedel's airway 00-5,00,0,1,2,3,4,5	
22.	Nasal airways(all sizes) & catheters	

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23.	Binasal Cannula, Combitube	
24.	Tracheostomy tube cuff & Plain	
	(all sizes)	
25.	Mini Tracheostomy kit	
26.	Ventimask, facemask with nebulizer	
27.	Pressure Infusion Bags	
28.	Rightangled Shivel Connector	
29.	G.V. Paint	
30.	I.V. Fluids	
31.	Micro drip-set & Drip-set	
32.	Nasogastric Tubes	
33.	Burn Pack : Standard package, clean	
	burn sheets (or towels for children)	
34.	Triangular bandages (Minimum 2	
	safety pins each)	
35.	<u>Dressings</u>	
	Sterile multi-trauma dressings (various	
	large and small sizes)	
36.	ABDs, 10"x12" or larger	
37.	4"x4" gauze sponges	
38.	Cotton Rolls	
39.	Gauze rolls Sterile (various sizes)	
40.	Elastic bandages Non-sterile (various	
	sizes)	
41.	Occlusive dressing Sterile, 3"x8" or	
	larger	
42.	Adhesive tape: Various sizes	
	(including 2" or 3") Adhesive tape (
	hypoallergenic): Various sizes	
	(including 2" or 3")	
43.	Cold packs	
44.	Waste bin for sharp needles, etc.	
45.	Disposable bags for vomiting, etc.	
46.	Teeth guard	
47.	Sample collection kits	

E. Emergency Drugs

S. No.	Requirements	Compliance
1.	Inj. Adrenaline	
2.	Inj. Atroine	
3.	Inj. Calcium Carbonate	
4.	Inj. Dopamine	
5.	Inj. Dobutamine	
6.	Inj. Noradrenaline	
7.	Inj. Nitroglycerine	
8.	Inj. Sodium Bicarbonate	
9.	Inj. Hydrocortisone	
10.	Inhaler Beclomethasone (250 micro/dose)	
11.	Inhaler Salbutamol (200 micrograms)	
12.	Inj. Frusemide	
13.	Inj. Diazepam/Midazolam	
14.	Inj. Deriphyllin	
15.	Inj. Phenytoin sodium	
16.	Inj. Avil	
17.	Inj. Metochlorpropamide	

18.	Inj. Ondansetrone
19.	Inj. KC1
20.	Inj. Lignocaine 2%
21.	Inj. Amiadarone (50 mg/ml)
22.	Inj. Magnesium sulphate 25% 2ml.
23.	Inj. Mannitol 20 %
24.	Inj. Morphine/Inj. Pethidine
25.	Inj. Noradrenaline bititrate 4mg, 2 ml.
	Ampule
26.	Activated charcoal
27.	Inj. Naloxone HC1
28.	Inj. Fentanyl
29.	Bacteriostatic water for Injection
30.	Inj. Sodium Valporate
31.	Inj. Voveran
32.	Inj. Paracetamol

Declaration

- 1. It is hereby declared that the information furnished by me above is true & correct to the best of my knowledge and belief.
- 2. I hereby undertake to abide by all the instructions/conditions for certification of Advanced Life Support ambulance as determined by the Committee.
- 3. I hereby specifically undertake that the aforesaid ambulance shall continue to meet the prescribed standards and that all the equipments placed on the ambulance shall be in working condition at all times.
- 4. The vehicle shall not be used otherwise than an ambulance under any circumstances.
- 5. I understand that the requested certification is liable to be withdrawn in case any of the prescribed conditions is flouted.
- 6. I shall submit a copy of registration certificate within 15 days of registration of the ambulance by Transport Department, Govt. of NCT of Delhi.

	Signatures	:
	Name	:
	Designation	:
Date:	Seal	:
Place:		