

OFFICE OF THE COMMITTEE REGARDING REGISTRATION OF AMBULANCES  
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
(HEALTH & FAMILY WELFARE DEPARTMENT)  
ROOM No.905, 9<sup>th</sup> LEVEL, A WING, DELHI SACHIVALAYA, I.P. ESTATE, NEW DELHI

**Following are the instructions, specifications, format and sample form for making Application for obtaining Certificate for Registration of Ambulances in Delhi**

**The Information given below is for helping prospective applicants in knowing the requirements and specifications necessary for consideration by the Committee for certification. However, for making an application, the applicant shall have to obtain the Form from the Committee Office at the address mentioned above.**

**“SAMPLE FORM“**

**INSTRUCTIONS FOR FILLING THE FORM**

- (1) Applicant shall enclose certified photocopies of bills of purchase of vehicle, equipment listed in Part D of the Form. Applicant shall produce the original bills at the time of inspection.
- (2) Proof of Address of the applicant:
- (3) Identity proof of the applicant:
- (4) An undertaking to the effect that all the equipment and items placed on ambulances will be in working condition while the ambulance is in use and that the applicant shall abide by the conditions/ standards determined by the committee in the interest of patient care from time to time.
- (5) Duly filled form(s) (Pages 1 to 8) may be submitted in the office of Addl. Secretary (H-II), A Wing, 9<sup>th</sup> Level, Delhi Sachivalaya, New Delhi – 110002 from 10.00 AM to 5.00 PM (on all working days)
- (6) Incomplete forms shall not be accepted.  
Date and time of the inspection of the ambulance by the Committee shall be conveyed to the applicant separately either through post or E-Mail as per choice of applicant.

**IMPORTANT TO NOTE**

**The applicant shall note that:-**

- (1) The Certificate shall be valid for a period of one year from the date of issue.
- (2) The applicant shall have to get certificate revalidated every year.
- (3) However, the Committee can withdraw the certification at any point of time, if it is found that the certified ambulance is not adhering to standards/guidelines made applicable from time to time.
- (4) All the equipment should be in working condition. If, at any point of time, it is found that that equipment placed on the ambulance is not in working condition, the certificate issued by the Committee shall be withdrawn.

The guidelines/conditions and standards are determined by the expert committee in the interest of the patient care, and therefore are requested to abide by these as prescribed from time to time.

**APPLICATION FORM FOR CERTIFICATION OF AMBULANCE**

**(A) Applicant's Details**

Name of the Applicant (in block letters):

Name of the owner of the vehicle:

Address of the Applicant:

Phone number:

Mobile number:

E-Mail Address (if any):

**(B) Vehicle details:**

MAKE:

MODEL:

YEAR:

CHASIS NO.:

**(ONLY WHITE COLOR OF THE VEHICLE SHALL BE PERMISSIBLE)**

**C. EQUIPMENT DETAILS IN AMBULANCE TO BE FURNISHED AS PER PERFORMA (Pages 3 - 4)**

**D. FOLLOWING TO BE INDICATED IN THE CHECK LISTS AS ANNEXED**

- 1) PATIENT CABIN FACILITIES COMPLIANCE (Page 5)
- 2) EQUIPMENT AVAILABILITY CHECKLIST (Pages 6-7)
- 3) CONSUMABLE ITEMS AVAILABILITY CHECKLIST (Page 8)
- 4) ESSENTIAL DRUGS AVAILABILITY CHECKLIST (Page 9)

**(C) EQUIPMENT DETAILS IN AMBULANCE**

<b>Sl. No.</b>	<b>Equipment Name</b>	<b>Details</b>
<b>1</b>	Transport Ventilator	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the Equipment:</b> <b>Year of manufacture:</b>
<b>2</b>	Portable suction apparatus	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>
<b>3</b>	Portable & Fixed Oxygen equipment with key wrench & trolley	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>
<b>4</b>	Oxygen administration equipment	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>
<b>5</b>	Automatic External Defibrillator	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>
<b>6</b>	Multi parameter monitor	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>

**Signature of Applicant or Authorized Signatory:**

7	End Tidal CO2 Monitor	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>
8	Syringe Pump	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>
9	Collapsible chair cum trolley stretcher	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>
10	Spine Board	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>
11	Pneumatic Splints	<b>Model:</b> <b>Make:</b> <b>Serial /CAT Number of the equipment:</b> <b>Year of manufacture:</b>

**Signature of Applicant or Authorized Signatory:**

**D1. PATIENT CABIN FACILITIES CHECKLIST COMPLIANCE**

<b>Sl.No.</b>	<b>Item/facility</b>	<b>COMPLIANCE (YES /NO)</b>
1.	Patient cabin large enough to permit relaxed positioning of patient, without having to bend the patient to adjust to the patient cabin space.	
2.	Properly ventilated patient cabin	
3.	Whether vehicle has reinforced suspension system for providing to patient a comfortable ride, free from external noise	
4.	Adequate power supply arrangements including power backup for support power requirements of the Head lights, Tail lights and the power requirements of Medical equipments etc.	
5.	Adequate Patient Cabin space for patient (in comfortable position), at-least one attendant and two paramedics	
6.	Complete flooring free of joints suitable for easy cleaning / scientific fumigation and treatment with disinfectants.	
7.	Two(at-least) superior quality Fans and sufficient Lighting arrangement	
8.	Storage space for keeping Medical equipments and consumables required.	
9.	Light blue bar on the roof front and the Beacon with blue & red lights integrated in real console and flashers (at least 3 flashers on both side of ambulance)	
10.	Ambulance Emblem	

**Signature of Applicant or Authorized Signatory:**

**D2. EQUIPMENT AVAILABILITY CHECKLIST**

(Essential Medical Equipment and other items to be placed on Ambulance)

<b>Category of Equipment</b>	<b>Equipment Group</b>	<b>S.N</b>	<b>Name and details of Items / Equipments</b>	<b>Available (YES / NO)</b>
<b>A</b>	Ventilation and Airway Equipment	1	Transport Ventilator	
		2	Portable suction apparatus: Wide-bore tubing, rigid pharyngeal curved suction tip; Tonsillar and flexible suction catheters, 5 F-14F	
		3	Portable& Fixed Oxygen equipment with key wrench & trolley with Variable flow regulator	
		4	Oxygen administration equipment with 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 & Pediatrics 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)	
		7	Intubation equipments, including Magill's forceps, Laryngoscope blades & other accessories, endotracheal tubes& connecting tubes etc.	
		8	Airways Nasopharyngeal, Oropharyngeal (adult, child, and infant sizes)	
		9	Oxygen saturation monitor with different probes for adult and child	
<b>B</b>	Monitoring And Defibrillation	1	Automatic external defibrillator	
		2	Multi parameter monitor	
		3	End Tidal CO2 Monitor	
<b>C</b>	Infusions	1	Syringe Pump	
		2	IV Lines	

**Signature of Applicant or Authorized Signatory:**

Category of Equipment	Equipment Group	S.N.	Name and details of Items / Equipments	Available (YES / NO)
<b>D</b>	Immobilization Devices	1	Cervical collars Rigid for children ages 2 years or older, infant, child, and adult sizes (small, medium, large, and other available sizes)	
		2	Head immobilization device (not sandbags) Firm padding or commercial device	
		3	Upper and lower extremity immobilization devices To immobilize one Joint-above and joint below fracture (adult and child sizes), rigid-support appropriate material (cardboard, metal, pneumatic, vacuum, wood, or plastic)	
		4	Radio lucent backboards (long, short) and extrication device Joint-above and joint-below fracture site (chin strap alone should not be used for head immobilization), adult and child sizes, with padding for children, hand holds for moving patients, short (extrication, head-to-pelvis length), long (transport, head to feet), with at least 3 appropriate restraint straps	
<b>E</b>	Stretchers & Splints	1	Collapsible chair cum trolley stretcher	
		2	Spine Board	
		3	Pneumatic Splints	
<b>F</b>	Communication	1	Two-way radio communication (UHS, VHF) between EMT, dispatcher, and medical direction (physician) OR Cellular phone	
<b>G</b>	Obstetrical Kit (OPTIONAL ITEMS)	1	(Separate sterile kit) Baby receiving tray with warmer Towels, 4"x4" dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, blanket	
		2	Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn)	
<b>H</b>	Miscellaneous	3	Appropriate heat source for ambulance compartment.	
		1	Sphygmomanometer (infant, pediatric, and adult regular, large and extra large)	
		2	Stethoscope (pediatric and adult)	
		3	Digital Thermometer	
		4	Heavy duty scissors for cutting clothing, belts, and boots	
<b>I</b>	Injury Prevention Equipment	5	Flashlights (2) with extra batteries and bulbs.	
		1	Appropriate restraints (seat belts, air bags) for patient, crew and family members	
		2	Child safety restraints.	
		3	Fire Extinguisher	
		4	Traffic signaling devices (reflective material triangles or other reflective, non-igniting devices)	

**Signature of Applicant or Authorized Signatory:**

**D3. CONSUMABLE ITEMS AVAILABILITY CHECKLIST**

S.No.	Name of the item (Totally 44 Items)	Available (YES /NO)
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	
23.	Binasal Cannula, Combitube, COPA	
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.	Dressings : Sterile multi-trauma dressings (various large and small sizes) : ABDs, 10"x12" or larger, 4"x4" gauze sponges, Cotton Rolls	
36.	Gauze rolls Sterile (various sizes)	
37.	Elastic bandages Non-sterile (various sizes)	
38.	Occlusive dressing Sterile, 3"x8" or larger	
39.	Adhesive tape : Various sizes (including 2" or 3") Adhesive tape (hypoallergenic) : Various sizes (including 2" or 3")	
40.	Cold packs	
41.	Waste bin for sharp needles, etc.	
42.	Disposable bags for vomiting, etc.	
43.	Teeth guard	
44.	Sample collection kits	

**Signature of Applicant or Authorized Signatory:**

#### **D4. ESSENTIAL DRUGS AVAILABILITY CHECKLIST**

<b>EMERGENCY DRUG NAMES (29 Items)</b>	<b>Available (Yes /NO)</b>
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	

Signature of Applicant or Authorized Signatory:

#### **DECLARATION**

It is hereby declared that the information furnished by me above is true & best of my knowledge. I hereby undertake to abide by all the instructions/conditions for certification of ambulances as determined by the Committee.

Date.....

(Signature)

Place.....

Name in Block Letters

<b>S. NO.</b>	<b>CHECK LIST OF DOCUMENTS ATTACHED WITH APPLICATION</b>	<b>YES / NO</b>
<b>1</b>	Certified photocopies of bills of purchase of vehicle	
<b>2</b>	Certified photocopies of bills of purchase equipment listed in Part D of the Form.	
<b>3</b>	Proof of Address	
<b>4</b>	Identity proof	
<b>5</b>	Undertaking to the effect that all the equipment and items placed on ambulances will be in working conditions while the ambulance is in use and that the applicant shall abide by the conditions/ standards determined by the committee in the interest of patient care from time to time.	

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