APPLICATION FORM

<u>FOR</u>

BASIC LIFE SUPPORT AMBULANCE

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

| 1. | Applicant Details | | | |
|----|---|--------|----------------|--|
| | Name of the Applicant (in Block letters) | : | | |
| | Name of the owner of the vehicle | : | | |
| | Address of Applicant | | | |
| | | | | |
| | | | | |
| 2. | Vehicle Details | | | |
| | Vehicle Make & Model | : | | |
| | 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 Apple down as a less such a | -1 | | |
| | No. of Ambulances already owned by Organisation | u : | 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 green 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 green "Star of Life", minimum of 8cm height, to the left and right of the word "AMBULANCE." If vehicle design permits, there shall be a green "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 green "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 green "Star of Life" emblems of not less than 30 cm in height | |
| | Top (roof): There shall be a green "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. | Minimum of two stretchers | |
| | One multilevel, elevating, wheeled stretcher with elevating back. Minimum two patient restraining straps (chest and thigh), at least two inches wide. | Make: Model: SI. No.: Year of manufacture: |
| | One secondary patient transport stretcher, with a minimum of two patient restraining straps. Minimum acceptable stretcher is vinyl covered, aluminum frame, folding stretcher. | Make: Model: SI. No.: Year of manufacture: |
| 2. | An engine vacuum operated or electrically powered, complete suction aspiration system, permanently installed on board for the primary patient. It shall have wide bore tubing. | Make: Model: SI. No.: Year of manufacture: |
| 3. | A manual suction device, age and weight appropriate, with wide bore tubing and at least a six ounce reservoir. | Make: Model: SI. No.: Year of manufacture: |
| 4. | There must be an assortment of suction catheters (minimum of 2 each) on board. Sizes 6 fr, 8 fr, 10 fr, 16 fr, 18 fr. A rigid suction catheter (e.g. Yankaur) will also be carried. (Minimum 2 each) | |
| 5. | Bag Mask Ventilation Units 1. One adult, hand-operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. | Make: Model: SI. No.: Year of manufacture: |
| | 2. One pediatric, hand-operated. Valves must operate in all weather and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. Must include safety pop off mechanism with override capability. | Make: Model: SI. No.: Year of manufacture: |

| | 3. One infant, hand-operated. Valves | Make: |
|-----|--|----------------------|
| | must operate in all weather and unit | Model: |
| | must be equipped to be capable of | SI. No.: |
| | delivering 90-100% oxygen to the | Year of manufacture: |
| | patient. Must include safety pop-off | |
| | mechanism with override capability. | |
| | Theerianism will overlide capability. | |
| | 4. The masks of size 0,1,2,3,4,5 - to be | Make: |
| | used in conjunction with the | Model: |
| | ventilation units above. Masks must be | SI. No.: |
| | clear. Either disposable or non- | Year of manufacture: |
| | disposable types are acceptable. | real et maneraetere. |
| 6. | Nonmetallic Oropharyngeal (Berman | Make: |
| 0. | type) / Nasopharyngeal Airways - | Model: |
| | adult, child and infant sizes. All airways | SI. No.: |
| | • | |
| | shall be clean and individually | Year of manufacture: |
| | wrapped. | |
| | 1. Large adult | |
| | 2. Med. adult | |
| | 3. Large child | |
| | 4. Child | |
| | 5. Infant | |
| 7. | Portable oxygen equipment | |
| | Minimum one 360 Liter capacity | Make: |
| | oxygen cylinder. Liter flow gauges | Model: |
| | shall be non-gravity, dependent | SI. No.: |
| | (Bourdon Gauge) type. Additionally, | Year of manufacture: |
| | when the vehicle is in motion, all | |
| | oxygen cylinders shall be readily | |
| | accessible and securely stored | |
| 8. | Permanent On-Board Oxygen | |
| 0. | Equipment | |
| | · | AAcilco |
| | The ambulance shall have a hospital | |
| | type piped oxygen system, capable | Model: |
| | of storing and supplying a minimum of | SI. No.: |
| | 2400 liters of humidified medical | Year of manufacture: |
| | oxygen. | |
| 9. | Single use, individually wrapped, non- | |
| | rebreather masks and cannulas in | |
| | adult and pediatric sizes (3 each) | |
| 10. | A "no smoking" sign will be prominently | |
| | displayed in the patient compartment | |
| 11. | Bite sticks commercially made (Clean | |
| | and individually wrapped). | |
| 12. | Twelve sterile dressings (minimum size | |
| 12. | 5 inches x 9 inches) | |
| 13. | Thirty-six sterile gauze pads (4 inches x | |
| 10. | 4 inches) | |
| 14. | Twelve bandages, self-adhering type, | |
| 14. | minimum three inches by five yards, | |
| | · · · · · · · · · · · · · · · · · · · | |
| | each. Bandages must be individually | |
| 1.5 | wrapped or in clean containers. | |
| 15. | A minimum of four commercial sterile | |
| | occlusive dressings, 4 inches by 4 | |
| | inches. | |
| 16. | Adhesive Tape, hypoallergenic, 1,2, | |
| | and 3 inches wide | |
| 17. | Sterile Burn sheets - 2 Nos. | |
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| | | |
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| 18. | Pneumatic splints set of six with carrying case | Make: Model: SI. No.: Year of manufacture: |
|-----|---|---|
| 19. | Wooden/metallic or other splints | |
| 20. | Spine board, at least 16 inches by 72 inches constructed of three-quarter inch plyboard or equivalent material and having at least three quarter inch runners on each side for lifting with appropriate straps. If not equipped with runners, board must be designed so that handholds are accessible even with gloves on | Make: Model: SI. No.: Year of manufacture: |
| 21. | Cervical collars to accommodate the infant, child, medium adult and large adult sizes. Collars must be made of semi-rigid or rigid material. | Make: Model: Sl. No.: Year of manufacture: |
| 22. | Three patient restraint straps, each measuring two inches by nine feet | |
| 23. | Head immobilization device, commercially available or towel/blanket rolls | Make: Model: SI. No.: Year of manufacture: |
| 24. | Five each triangular bandages | |
| 25. | Two blankets | |
| 26. | Bandage shears of large size | |
| 27. | Obstetrical kit, sterile. The kit shall contain gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressings, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant | |
| 28. | Blood pressure sets, portable, both pediatric and adult (non mercurial type). | Make: Model: Sl. No.: Year of manufacture: |
| 29. | Stethoscopes – Adult and pediatric | Make: Model: Sl. No.: Year of manufacture: |
| 30. | Emesis basin or commercially available emesis container. | |
| 31. | Bedpan and urinal | |
| 32. | Search Lights (Two): Portable with spot beam of around 500 m, sealed lead acid/ NiCd battery operated, capacity of 60 minutes with full intensity, rechargeable. | Make: Model: |
| 33. | Minimum of one fire extinguisher, CO ₂ or dry chemical or type ABC. | Make: Model: Sl. No.: Year of manufacture: |

| 34. | Working gloves, two pair for each crewmember. | |
|-----|---|--|
| 35. | Minimum of 1000 cc of sterile water or normal saline solution for irrigation. | |
| 36. | Automatic External Defibrillator (A.E.D.) | Make: Model: SI. No.: Year of manufacture: |
| 37. | Personal protective equipment (gloves, masks, gowns and eye shields). | |
| 38. | Protective head gear and eye protection devices (minimum two each) | |
| 39. | Ambulance Rescue equipments Hammer (one) - four pound with 15 inch handle | |
| | Axe (one) | |
| | Wrecking Bar, minimum 24-inch (Wrecking Bar, hammer and axe can either be separate or combined as a forcible entry tool) | |
| | Crowbar, minimum 48 inches, with pinch point | |

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 Basic 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: | | |