



Andy the Ambulance Reporting Form

Agency Name: _____

Where Used: _____

Type of Function: _____

Date: _____ Times: _____

Number of Participants: _____ Number less than 10 years old: _____

Operator(s): _____

Items Used:

Robot Battery 1 Robot Battery 2 Remote Control Battery 1 Remote Control Battery 2

Comments

Broken Items/Problems