

**PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE**

AIRCRAFT NUMBER:

Air Ambulance-Rotorcraft Inspection Checklist

I. GENERAL INFORMATION: SEND DATE STRIPS YES NO SEND DECALS YES NO

Name of Air Ambulance Service _____ Telephone Number (____)_____

Address _____
(PRIMARY HEADQUARTERS) (CITY) (STATE) (ZIP CODE)

Model _____ Make _____ FAA Registration # _____ Serial Number _____

Date Inspected _____ Regional Council _____ Affiliate Number _____

II. DOCUMENTS/POLICIES:

DOCUMENTS	Present	Deficient	Corrected
Personnel Roster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/Air Worthiness Cert.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilot Roster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Directors Agreement....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Requirements....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients Records Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Endotracheal Tubes:			
2.5 mm or 3.0 mm (2) (uncuffed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 mm or 4.0 mm (2) (uncuffed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 mm or 5.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5 mm or 6.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5 mm or 7.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5 mm or 8.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5 mm or 9.0 mm (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscope Handle w/ batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare batteries/bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscope, Blades:			
Straight Curved			
#1 (S-1) #3 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2 (M-1) #4 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 (L-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubricating Jelly (2cc) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forceps, Magill (adult/ped. 1 ea.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stylette, Malleable (Ad.(1), Pd(2))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cricothyrotomy Set (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sphygmomanometer (S,M,L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope (Doppler) (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penlight (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Equipment:			
on-board.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
portable unit (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nasal canulaes (adult/ped (1ea).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
masks (adult/infant/ped { 1 ea)..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pocket mask w/ one-way valve .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressings:			
multi-trauma (10" x 30") (4) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
occlusive (3" x 4") (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sterile gauge pads (3" x 3) (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
soft self-adhering (6 rolls).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive Tape (4 rolls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immobilization Devices:			
lateral cervical spine device (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
long spine board (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rigid/semi-rigid neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
immobilizers (4)			

III. AIRCRAFT:

AIRCRAFT EQUIPMENT	Present and Operating	Deficient	Corrected
Exterior Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Lights tail rotor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
search light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climate Control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilot Partition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Outputs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications external	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on-board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEDICAL EQUIPMENT & SUPPLIES:

MEDICAL SUPPLIES & EQUIPMENT	Present and Operating	Deficient	Corrected
Installed Suction (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Suction (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catheters, Suctioning Rigid (2) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airways Nasopharyngeal (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oropharyngeal (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL SUPPLIES & EQUIPMENT	Present and Operating	Deficient	Corrected
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IV. MEDICAL EQUIPMENT & SUPPLIES:

(cont)

MEDICAL SUPPLIES & EQUIPMENT	Present and Operating	Deficient	Corrected
Bag-Valve-Mask Devices:			
adult (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pediatric (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Equipment Sizing			
Tape/Chart (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straps - 9' (3).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves – disposable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Water/Normal Saline..... (2 liters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Pack, Chemical (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Pack, Chemical (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponges, preps/wipes (10).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile OB Kits (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Bulb Syringe (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meconium Aspirator (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermal Blankets/Sterile..... Aluminum Foil (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandage Shears (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blankets (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheets (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emesis Container (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handlight (6 volts or more) (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous Fluid Therapy Supp:			
Catheters, over the needle			
14 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 gauge (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Administration sets			
microdrip (50-60 drops/ml) (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
macrodrip (10-20 drops/ml) (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV solutions – 2250 ml total.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tourniquet (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication and Supplies:			
Emergency Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypodermic Needles:			
14-18 gauge intraosseus (2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-20 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-22 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23-25 gauge (4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringes (per regional/ local protocols).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps receptacle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator/Monitor w/cables (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator/Monitor supplies:			
Defibrillator paddle pads (4).... or electrode gel (2 tubes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrodes, ECG (6) adult/ped.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flutter valve (1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL PROTECTIVE GEAR (One per responding crew member)	Present and Operating	Deficient	Corrected
Clear Eye Protection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Mask.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gown/coat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical caps/foot coverings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double barrier gloves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leather gloves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survival Bag.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Protection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Waste Container.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control Plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspected by:

(Name)

(Signature)

Date forwarded to EMS Office: _____

V. PERSONAL PROTECTIVE EQUIPMENT :