PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF EMERGENCY MEDICAL SERVICES

AIR (Rotorcraft) Inspection Checklist

I. GENERAL INFORMATION: Name of Air Ambulance Agency:			
Name of Air Ambulance Agency:			
Tame of the temporal to the temporal te			
FAA Registration # : Serial # :	Make: Model:		
Date Inspected:	Affiliate # :		
Regional EMS Council:	,		
ŭ	YES	NO	N/A
	PRESENT AND		
AIR/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED
Lights:			
Interior for close observation of patient			
Fire Extinguisher (1) (5 B:C, Current Inspection)			
"Air Worthiness Certificate" from FAA			
FAA Form 337 (items specifically needed) Aircraft Registry			
Items Secured			
Patient Litter with manufacture approved straps			
A physical Barrier between the pilot, throttles, flight controls			
and radios and the patient(s)			
110-volt electrical outlet for each pt.			
Radio Equipment For pilots to comm. with Hospitals, PSAPs & grd. amb.			
Installed Oxygen with capacity of 1200L			
0-25 lpm flow meter (1)			
At inspection at least 1650 psi			
Installed Suction (300mm/Hg in 4 sec.)			
Results:			
Climate Control (60-85) for cabin during flight			
Climate Control (00-03) for Cabin during hight	DDECENT		
	PRESENT		
MEDICAL CURRILEC/EQUIRMENT	AND	DEFICIENT	CORRECTER
MEDICAL SUPPLIES/EQUIPMENT	OPERATING	DEFICIENT	CORRECTED
Current Version Statewide EMS Protocols			
Portable Suction Unit (1)(300mm/Hg in 4 sec.) Results:			
Suction Catheters: (Sterile)			
Rigid (2) 6 Fr. Suction Catheter (1)			
8 Fr. Suction Catheter (1)			
10 Fr. Suction Catheter (1)			
14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2)			
Oropharyngeal - (to include 6 different sizes)			
Size 0 (1)			
Size 0 (1)			
Size 2 (1)			
Size 3 (1)			
Size 4 (1)			

Size 5 (1)

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	PRESENT		
	AND	DEFICIENT	CORRECTER
Neceshary recel (E different sizes)	OPERATING	DEFICIENT	CORRECTED
Nasopharyngeal (5 different sizes)			
Size 16 (1)	ļ		
Size 24 (1)			
Size 26 (1)	ļ		
Size 32 (1)	ļ		
Size 34 (1)	ļ		
Lubrication (2cc or Larger tube) sterile water soluble (2)			
Non-Sparking wrench/tank opening device (1)			
Portable Oxygen with a min capacity of 1800 liters (1)			
Full Spare O2 cylinder (1) with at least 300 liters capacity (1)			
Pediatric Nasal Cannula (1)			
Adult Nasal Cannula (1)			
Adult High Concentration Masks (1)			
Pediatric High Concentration Mask (1)]		
Infant High Concentration Mask (1)			
Adult Bag Valve Mask Devise (700cc) (1)			
Pediatric Bag Valve Mask Device (450cc) (1)			
Adult Mask (1)			
Child Mask (1)			
Infant Mask (1)			
Neonatal Mask (1)			
Sphygmomanometer (interchangeable gauges are permitted)			
Child Cuff (1)			
Adult Cuff (1)			
Thigh Cuff (1)			
Adult Stethoscope (1)			
Pediatric Stethoscope (1)			
Doppler Stethoscope (1)			
Non-Invasive Blood Pressure Monitoring Device, Automated (1)			
Penlight (1)			
Multi-Trauma (10" x 30") (4)			
Occlusive (3" x 4") (4)			
Sterile Gauze Pads (4' x 4") (25)			
Sterile Burn Sheets (2)			
Soft Self Adhering (6 rolls)			
Adhesive Tape (4 rolls assort., 1 must be hypoallergenic)	1		
Bandage Shears (1)	1		
Pediatric Safe Transport Device (between 10 and 99lbs)	1		
Commercial "Tactical" Tourniquet (2)	1		
Rigid/Semi Rigid Neck Immobilizers - Small or Multi Size (1)	İ		
Rigid/Semi Rigid Neck Immobilizers - Medium or Multi Size (1)	İ		
Rigid/Semi Rigid Neck Immobilizers - Large or Multi Size (1)	1		
Rigid/Semi Rigid Neck Immobilizers - Peds or Multi Size (1)			
Pelvic Stabilization Device (1)			
Pediatric Equipment/Dosing Sizing Tape (Current) (1)			
Sterile Water/Normal Saline- 2 liters			
	1		
Cold Packs, Chemical (4)	1		
Heat Packs, Chemical (4)	{		
Sterile OB Kit (1)			
Separate Bulb Syringe (1) Sterile]		

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	PRESENT		
	AND	DEFINITION	
The state of City of Control of City o	OPERATING	DEFICIENT	CORRECTED
Thermal Blanket-Silver Swaddler or roll of Sterile Foil (1)			
Emergency BLS/ALS Jump Kit (1)			
Thermometer (1) electronic, digital, non-tympanic			
Instant Glucose (45 grams-40% dextrose-d-glucose gel) or (food			
grade substitute)			
CPAP Ventilation - portable equipment with (2) disp. Masks			
Pulse Oximetry			
Appropriate Patient Coverings			
Endotracheal Tubes:(must be sterile & indiv. wrapped)			
2.5 mm or 3.0 mm (uncuffed) (2)			
3.5 mm or 4.0 mm (uncuffed) (2)			
4.5 mm or 5.0 mm (2)			
5.5 mm or 6.0 mm (2)			
6.5 mm or 7.0 mm (2)			
7.5 mm or 8.0 mm (2)			
8.5 mm or 9.0 mm (2)			
Laryngoscope:			
Handle with Batteries (1)			
Spare Batteries and Bulbs			
Blades:			
Straight # 1 (1)			
Straight # 2 (1)			
Straight # 2 (1)			
Curved # 3 (1)			
Curved # 4 (1)			
Stylette - Malleable (Adult) (1) (must be sterile)			
Stylette - Malleable (Addit) (1) (must be sterile) Stylette - Malleable (Pediatric) (2) (must be sterile)			
Forceps, Magill (Adult) (1)			
Forceps, Magill (Pediatric)) (1)			
Non-surgical Alternative/Rescue Airways - Either (3) King LT (size			
3,4,5) or (3) i-gel (size 2,3,4) (2) Combitubes (small & adult- 1			
each)			
Portable Transport Ventilator (1) Capabilities must include but not			
limited to controlling rate, volume, FiO2 (up to 100%), I:E Ration,			
PEEP, and has volume control, pressure control, SIMV and			
NPPV modes. Device must have both volume and pressure			
modes and low/high pressure warning alarms.			
Portable Transport Ventilator Circuits Size Appropriate (2)			
Bougie Endotracheal Tube Introducer (1)			
Endotracheal Cuff Pressure Manometer			
Video Capable Laryngoscope with Appropriate Blades			
Meconium Aspirator (1)			
Nebulizer System (1)			
Sponges/Preps/Wipes-Alcohol (10)			
Electronic Glucose Meter (1)			
IV Therapy Supplies:			
Catheters Over the Needle:			
14 gauge (4)			
16 gauge (4)			
18 gauge (4)			
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	AND		
	OPERATING	DEFICIENT	CORRECTED
20 gauge (4)	OI EIGHTING	DEI IOIENT	OOKKLOTED
22 gauge (4)			
24 gauge (2)			
IV Administration Supplies:			
Microdrip (50-60 drops/ml) (2)			
Macrodrip (10-20 drops/ml) (2)			
Blood Administration Set (2) only if agency provides/maintains			
blood products during transport			
IV Solutions (2,000ml total)			
Intravenous Infusion Pumps (3) or (1) multi-channel unit capable			
of managing (3) simultaneous infusions			
Tourniquets for IV Use (2)			
Medications and Supplies:			
Adenosine			
Agenosine Aspirin (81 mg)			
Aspirir (61 riig) Atropine sulfate			
Benzodiazepines (at least one):			
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Diazepam			
Lorazepam Midazolam			
Bronchodilators (Albuterol or Albuterol Ipratropium Bromide)			
Dextrose			
Diphenhydramine HCl			
Epinephrine (1:1,000)			
Epinephrine (1:10,000)			
Glucagon			
Lidocaine HCI			
Narcotic Analgesics (at least one):			
Fentanyl Marrishing Sulfate			
Morphine Sulfate			
Nitroglycerine, Sublingual			
Normal Saline Solution Sodium Bicarbonate			
Emergency Drugs - Current Dates - Yes / No			
Hypodermic Needles:(must be sterile & indiv. wrapped)			
16-18 gauge (4)			
20-22 gauge (4)			
23-25 gauge (4)			
Intraosseous (14-18 gauge) (2)			
3 1/4" over the needle catheter: 10, 12 or 14 gauge (2) Syringes (2 with at least one being 1 ml volume)			
Defibrillator/Monitor			
12 Lead Cables & Pacing and Transmitting capabilities (Adult &			
Pedi)			
Set of Adult Defibrillator Pads (1)			
Set of Pediatric Defibrillator Pads (1)			
Electrodes, ECG - (Adult) (12)			
Electrodes, ECG - (Pediatric) (12)			
Electronic Waveform Capnography, intubated patient			
Electronic Waveform Capnography, Non-intubated patient -			

	PRESENT		
	AND OPERATING	DEFICIENT	CORRECTED
Invasive Pressure Monitoring, Electronic Wave-Form, Two	OI LIVATINO	DEFICIENT	TOOKKEOTED
Channel Capability			
PERSONAL PROTECTIVE EQUIPMENT			
Survival Bag (1)			
Flight Helmet with built in communications (1 per crew member)	1		
PERSONAL INFECTION PROTECTION EQUIPMENT			
Eye Protection*			
Face Mask*	1		
Gown/Coat*			
Surgical Cap			
Foot Coverings*			
Exam Gloves*			
Red Bags - (per infectious control plan)			
Sharps container - (per infectious control plan)	1		
N-95 Respirator*	1		
Hand Disinfectant - Non-water (1 container)	1		
* Disposable -one set/pair per responding crew member			
Was a deficiency notification issued for this vehicle?			
Is a copy of the deficiency notification attached to this form?			
Is a reinspection required?			
Electronic deficiency form completed?			
Digital images captured?	1		
Vehicle placed out of service?			
**All deficiencies are required to be documented on approved form	I and submitted	with this form	
7 iii denoisiisise die required to be decumented on appreved form	rana capinitica	With this form.	
	Inspected by:		
		(Printed Na	me)
	Signature:		
	oigilataro.		
	Date forwarded	to BEMS:	