## PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF EMERGENCY MEDICAL SERVICES

## AIR (Rotorcraft) Inspection Checklist

I. GENERAL INFORMATION:

Name of Air Ambulance Agency:

| FAA Registration \# : <br> Serial \# : <br> Date Inspected: | Make: <br> Model: <br> Affiliate \# : |  |  |
| :---: | :---: | :---: | :---: |
|  | YES | NO | N/A |
| AIR/EQUIPMENT | PRESENT AND 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. transported |  |  |  |
| Radio Equipment |  |  |  |
| For pilots to comm. with Hospitals, PSAPs \& ground amb. |  |  |  |
| Installed Oxygen with capacity of 1200L |  |  |  |
| 0-25 lpm flow meter (1) |  |  |  |
| At inspection at least 1650 psi |  |  |  |
| Climate Control (60-85) for cabin during flight |  |  |  |
| MEDICAL SUPPLIES/EQUIPMENT | PRESENT AND OPERATING | DEFICIENT | CORRECTED |
| Installed Suction (300mm/Hg in 4 sec.$)$ Results: |  |  |  |
| Installed Suction - Gauge with the ability to control suction |  |  |  |
| Current Version Statewide EMS Protocols |  |  |  |
| Agency specific protocols with Date Approved: |  |  |  |
| 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 or 12 Fr. Suction Catheter (2) |  |  |  |
| 14 Fr. Suction Catheter or 16 Fr. Suction Catheter (2) |  |  |  |
| Oropharyngeal - (to include 6 different sizes) |  |  |  |
| Size 0 (1) |  |  |  |
| Size 1 (1) |  |  |  |
| Size 2 (1) |  |  |  |
| Size 3 (1) |  |  |  |
| Size 4 (1) |  |  |  |
| Size 5 (1) |  |  |  |


|  | $\begin{array}{\|c} \text { PRESENT } \\ \text { AND } \\ \text { OPERATING } \end{array}$ | DEFICIENT | CORRECTED |
| :---: | :---: | :---: | :---: |
| Nasopharyngeal (5 different sizes) |  |  |  |
| Size 16 (1) |  |  |  |
| Size 24 (1) |  |  |  |
| Size 26 (1) |  |  |  |
| Size 32 (1) |  |  |  |
| Size 34 (1) |  |  |  |
| 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 " $\times 30$ " ) (4) |  |  |  |
| Occlusive ( $3^{\prime \prime} \times 4^{\prime \prime}$ ) (4) |  |  |  |
| Sterile Gauze Pads (4" $4^{\prime \prime}$ ) (25) |  |  |  |
| Sterile Burn Sheets (2) |  |  |  |
| Soft Self Adhering ( 6 rolls ) |  |  |  |
| Adhesive Tape ( 4 rolls assort., 1 must be hypoallergenic) |  |  |  |
| Bandage Shears (1) |  |  |  |
| Pediatric Safe Transport Device (between 10 and 99lbs) |  |  |  |
| Commercial "Tactical" Tourniquet (2) |  |  |  |
| Rigid/Semi Rigid Neck Immobilizers - Small or Multi Size (1) |  |  |  |
| Rigid/Semi Rigid Neck Immobilizers - Medium or Multi Size (1) |  |  |  |
| Rigid/Semi Rigid Neck Immobilizers - Large or Multi Size (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 |  |  |  |
| Cold Packs, Chemical (4) |  |  |  |
| Heat Packs, Chemical (4) |  |  |  |
| Sterile OB Kit (1) |  |  |  |


|  |  | DEFICIENT | CORRECTED |
| :---: | :---: | :---: | :---: |
| Separate Bulb Syringe (1) Sterile |  |  |  |
| Thermal Blanket-Silver Swaddler or roll of Sterile Foil (1) |  |  |  |
| Emergency BLS/ALS Jump Kit (1) |  |  |  |
| Thermometer (1) elec, dig, 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 \# 3 (1) |  |  |  |
| Curved \# 3 (1) |  |  |  |
| Curved \# 4 (1) |  |  |  |
| Stylette - Malleable (Adult) (1) |  |  |  |
| Stylette - Malleable (Pediatric) (2) |  |  |  |
| 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 3,4,5) (2) Combitubes (37F and 41F) |  |  |  |
| 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 (1) |  |  |  |
| 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) |  |  |  |
| 20 gauge (4) |  |  |  |
| 22 gauge (4) |  |  |  |
| 24 gauge (2) |  |  |  |


|  | PRESENT <br> AND |  |
| :--- | :--- | :--- | :--- |
| OPERATING |  |  | ( DEFICIENT


|  | $\begin{array}{\|l\|} \hline \text { PRESENT } \\ \text { AND } \\ \text { OPERATING } \\ \hline \end{array}$ | DEFICIENT | CORRECTED |
| :---: | :---: | :---: | :---: |
| PERSONAL PROTECTIVE EQUIPMENT |  |  |  |
| Survival Bag (1) |  |  |  |
| Flight Helmet with built in communications (1 per crew member) |  |  |  |
| PERSONAL INFECTION CONTROL KIT |  |  |  |
| Eye Protection - goggles* |  |  |  |
| Face Mask* |  |  |  |
| Gown/Coat* |  |  |  |
| Surgical Cap/Foot Coverings* |  |  |  |
| Exam Gloves* |  |  |  |
| Red Bags - (per infectious control plan) |  |  |  |
| Sharps container - (per infectious control plan) |  |  |  |
| N-95 Respirator* |  |  |  |
| Hand Disinfectant - Non-water (1 container) |  |  |  |
| * 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? |  |  |  |
| Digital images captured? |  |  |  |
| Vehicle placed out of service? |  |  |  |
| *All deficiencies are required to be documented on approved form and submitted with this form. |  |  |  |
| Inspected by: |  |  |  |
| Signature: ${ }^{\text {(Printed Name) }}$ |  |  |  |
|  |  |  |  |

