

Pennsylvania Department of Health
 Bureau of EMS
 Air Ambulance Inspection Checklist
 Deficiency Notification (if required)

Name of EMS Agency:					
Dominant Lettering (as displayed on rotorcraft):					
FAA Registration # :		Make:			
Serial # :		Model:			
Date Inspected:		Deficiency Key*: B = Broken E = Expired M+# = Missing - # indicates how many items are missing (Ex. M1) O=Other - include a note if using other			
Regional EMS Council:					
Name of Inspector(s):					
Critical Criteria for Out-of Service (OOS) consideration (non-inclusive List) - Contact BEMS to place vehicle OOS					
Equipment/Supplies		VERIFIED	DEFICIENT*	CORRECTED	NOTES
Lights					
Interior for close observation of patient					
Exterior lighting for tail rotor and controllable search/spot/landing lights					
Fire Extinguisher (1) (5 B:C, current inspection tag)					
"Air Worthiness Certificate" from FAA					
FAA Form 337 Aircraft Registry most recently dated showing return to service					
Ability to secure items during flight					
Patient litter with manufacturer approved straps and ability to be secured per FAA requirements					
Physical barrier between the pilot, throttles, flight controls, radios, and the patient(s)					
110-volt electrical outlet for each patient transported					
Radio Equipment					
For pilots to communicate with hospitals, PSAPs, and ground ambulance					
Headset for each crew member					
Installed Oxygen with capacity of 1200L					
Climate Control (60-85) for cabin during flight					
Appropriate EMS protocols - digital copy is acceptable if on tablet or computer that remains in vehicle					
Installed Suction (300mm/Hg in 4 sec.) Results:					
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)					

Pennsylvania Department of Health
 Bureau of EMS
 Air Ambulance Inspection Checklist
 Deficiency Notification (if required)

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Oropharyngeal airways (6 different sizes)				
Size 0 (1)				
Size 1 (1)				
Size 2 (1)				
Size 3 (1)				
Size 4 (1)				
Size 5 (1)				
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)				
Adult nasal cannula (1)				
Pediatric nasal cannula (1)				
Adult high concentration mask (1)				
Pediatric high concentration mask (1)				
Infant high concentration mask (1)				
Adult Bag-Valve-Mask device (700cc) (1)				
Adult mask (1)				
Pediatric Bag-Valve-Mask device (450cc) (1)				
Child mask (1)				
Infant mask (1)				
Neonatal mask (1)				
Sphygmomanometer(interchangeable gauges are permitted)				
Child cuff (1)				
Adult cuff (1)				
Thigh (Large) cuff (1)				
Adult stethoscope (1)				
Pediatric stethoscope (1) OR (1) double bell with adult and pediatric bell				
Penlight (1)				
Occlusive (3" x 4") (4)				
Sterile Gauze Pads (4" x 4") (25)				
Soft self-adhering (6 rolls)				
Sterile burn sheets (4' x 4') (2)				
Adhesive tape (4 rolls assorted, 1 must be hypoallergenic)				
Bandage shears (1)				
Pediatric Safe Transport Device (btwn 10 and 99lbs)				
Commercial "Tactical" tourniquet (2)				

Pennsylvania Department of Health
 Bureau of EMS
 Air Ambulance Inspection Checklist
 Deficiency Notification (if required)

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Neck Immobilizers				
Small or multi-size (1)				
Med or multi-size (1)				
Large or multi-size (1)				
Pediatric (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)				
Separate bulb syringe, sterile (1)				
Thermal blanket/silver swaddle OR roll of sterile aluminum foil (1)				
Emergency jump kit (1)				
Thermometer, electronic digital non-tympanic (1)				
CPAP or BiPAP Ventilation - portable equipment with (2) disp. masks				
Pulse oximetry				
Appropriate patient coverings				
Endotracheal Tubes:(sterile & individually 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)				
Laryngoscope and blades				
Handle with Batteries (1)				
OR Disposable Handle with power source (2)				
Spare Batteries and Bulbs (excludes disposable)				
Straight # 1 (1)				
Straight # 2 (1)				
Straight # 3 (1)				
Curved # 3 (1)				
Curved # 4 (1)				
Stylette - malleable, sterile, adult (1)				
Forceps, Magill, adult (1)				
Forceps, Magill, pediatric (1)				
Non-surgical alternative/rescue airways - either (3) King LT (size 3,4,5) OR (2) Combitube (37Fr and 41Fr) OR (3) i-gel (size 3, 4, 5)				
Portable transport ventilator (1). Capabilities must include but not limited to controlling rate, volume, FiO2 (up to 100%), ie. ratio, 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)				

Pennsylvania Department of Health
 Bureau of EMS
 Air Ambulance Inspection Checklist
 Deficiency Notification (if required)

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Video capable laryngoscope with appropriate blades(1)				
Nebulizer system (1)				
Electronic glucose meter (1)				
IV Therapy Supplies				
14 gauge (4)				
16 gauge (4)				
18 gauge (4)				
20 gauge (4)				
22 gauge (4)				
24 gauge (2)				
IV Administration Supplies				
Microdrip (50-60 drops/ml) (2)				
Macro drip (10-20 drops/ml) (2)				
Tourniquets for IV Use (2)				
Intravenous infusion pumps (3), OR (1) multi-channel unit capable of managing (3) simultaneous infusions				
IV Solutions (2,000 ml total) (Crystalloids NNS or another salt solution)				
Hypodermic Needles and Syringes (sterile & individually wrapped)				
16-18 gauge (4)				
20-22 gauge (4)				
23-25 gauge (4)				
Syringes (2 with at least one being 1 mL volume)				
Intraosseous (pediatric, adult, large adult)				
3 1/4" over the needle catheter: 10, 12 or 14 gauge (2)				
Medications and Supplies:				
Adenosine				
Alcohol prep pad				
Aspirin, Oral				
Atropine sulfate				
Benzodiazepines (at least one):				
DiazePAM				
LORazepam				
Midazolam				
Bronchodilators (Albuterol or Albuterol Ipratropium Bromide)				
Dextrose (concentration between 10% - 50%)				
DiphenhydrAMINE HCl				
EPINEPHrine (1:1,000)				
EPINEPHrine (1:10,000)				
Glucagon				
Instant Glucose (45 grams-40% dextrose-d-glucose gel) or (food grade substitute)				
Lidocaine HCl				
Naloxone				
Narcotic Analgesics (at least one):				
FentaNYL				
Morphine Sulfate				
Nitroglycerine, Sublingual				
Sodium Bicarbonate				

Pennsylvania Department of Health
 Bureau of EMS
 Air Ambulance Inspection Checklist
 Deficiency Notification (if required)

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Optional ALS Medications per PA Protocols				
<i>Amiodarone</i>				
<i>Anticonvulsants</i>				
<i>Benzocaine, topical</i>				
<i>Blood/Blood by-product (as authorized and credentialed by agency medical director and verified by regional EMS council)</i>				
<i>Blood Administration Set (2) only if agency initiates blood products</i>				
<i>Calcium Chloride/calcium gluconate</i>				
<i>Captopril or Enalapril</i>				
<i>ceFAZolin (as authorized and credentialed by agency medical director) - (Antimicrobial)</i>				
<i>Crystalloid Hypertonic Solutions (with agency medical director approval and appropriate staffing)</i>				
<i>Crystalloid Isotonic Solutions</i>				
<i>dexAMETHasone</i>				
<i>dilTIAZem</i>				
<i>DOPAmine or DOBUTamine</i>				
<i>droPERidol</i>				
<i>Enalapril</i>				
<i>Etomidate (verified by regional EMS council and credentialed by agency medical director)</i>				
<i>Hydroxocobalamin</i>				
<i>Ketamine (verified by regional EMS council and credentialed by agency medical director)</i>				
<i>Levalbuterol</i>				
<i>Magnesium Sulfate</i>				
<i>methylPREDNISolone</i>				
<i>Norepinephrine</i>				
<i>Oxytocin</i>				
<i>Procainamide</i>				
<i>Sodium Thiosulfate</i>				
<i>Terbutaline</i>				
<i>Tetracaine, topical, ophthalmic</i>				
<i>Tranexamic Acid (TXA)</i>				
<i>Verapamil</i>				
Defibrillator/Monitor				
12 Lead capable, immediate transmit capabilities & paper printout				
Adult defibrillator pads (1)				
Pediatric defibrillator pads (1)				
<i>Electrodes, ECG - (adult) (12)</i>				
<i>Electrodes, ECG - (pediatric) (12)</i>				
<i>Electronic waveform capnography, intubated patient (1)</i>				
<i>Electronic waveform capnography, non-intubated patient (1)</i>				
<i>Invasive pressure monitoring, electronic waveform, two channel capability (1)</i>				

Pennsylvania Department of Health
 Bureau of EMS
 Air Ambulance Inspection Checklist
 Deficiency Notification (if required)

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
PERSONAL PROTECTIVE EQUIPMENT				
Survival Bag (1)				
PERSONAL INFECTION CONTROL KIT (1 per crew)				
Eye protection - clear & disposable				
Face mask				
Exam gloves				
N-95 respirator mask				
Red bags, per infection control plan				
Sharps container, per infection control plan, secured				
Hand disinfectant/cleaner, non-water (1 container)				
Administration	YES	NO	N/A	NOTES
Were deficiencies found for this rotorcraft?				
Is a reinspection required?				
Digital images captured?				
Rotorcraft placed out of service? (Yes, complete bottom of form)				
Printed Name of Inspector:				
Inspector Signature:			Date:	
Printed Name of Agency Representative:				
Agency Representative Signature:			Date:	
Rotorcraft Placed Out of Service				
Date:				
Bureau Staff who authorized removal from service:				
Out of Service Decal secured on vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Person securing Out of Service Decal:				
Rotorcraft Authorized to Return to Service				
Date:				
Bureau Staff who authorized return to service:				
Out of Service Decal removed from vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Person removing Out of Service Decal:				