



Georgia Office of Emergency Medical Services and Trauma

Vehicle Inspection Form: *Air Ambulance*

| | | |
|------------------------------|---|-------|
| Service Name: | Tail #: | Date: |
| Serial # | Call Sign: | VID# |
| Inspection Type: | <input type="checkbox"/> Initial <input type="checkbox"/> Anniversary <input type="checkbox"/> Renewal <input type="checkbox"/> Unscheduled | |
| Date of Last FAA Inspection: | | |

Cabin

| | | |
|---|------------------------------|-----------------------------|
| Department Issued VID Tag present: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hobbs Reading (Hour Meter): | | |
| Seatbelts Operational (Pilot): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seatbelts Operational (Crew): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seatbelts Operational (Patient Litter/Cot): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Two-Way Communication System: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interior Lights Operational (Patient Compartment) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cleanliness of Interior (Area should be free of blood, dirt, and debris, etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Exterior Lighting

| | | |
|-------------------------------|------------------------------|-----------------------------|
| Navigation lights Operational | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Landing light Operational | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Respiratory Equipment

| Quantity | Item/Description | Compliant | |
|----------|---|------------------------------|-----------------------------|
| 1 | Portable Suction - Mechanical or Battery Powered. If battery powered device; must include suction tubing and rigid suction catheter; and the aspirator system shall achieve a minimum of 5.8 psi (300mm) Hg vacuum within 4 seconds after the suction tube is closed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Sterile Suction Catheters, assorted sizes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Rigid Suction Catheters in original sealed packaging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Suction tubing in original sealed packaging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Bag Valve Mask Resuscitator - Adult, disposable, with transparent adult mask and tubing. The valve must operate in cold weather, and the unit must be capable of use with an oxygen supply. The unit must be capable of delivering approximately 100% oxygen. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Pediatric Bag Valve Mask Resuscitator -BVM with Infant AND Pediatric Mask , disposable with tubing. <i>(Can be 1 of each Infant and Pediatric BVM or Can be 1 Pediatric BVM with 1 infant mask and 1 pediatric mask.)</i> The valve must operate in cold weather, and the unit must be capable of use with an oxygen supply. The unit must be capable of delivering approximately 100% oxygen. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Adult Oxygen Mask with Reservoir | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Pediatric Oxygen Mask with Reservoir | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Nebulizer Kit each having the ability to provide aerosolized treatment for adult and pediatric patient. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Nasal Cannula | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Respiratory Equipment (continued) | | | |
|-----------------------------------|---|------------------------------|-----------------------------|
| Quantity | Item/Description | Compliant | |
| 1 each | Nasopharyngeal Airways - assorted sizes, must include 20F, 24F, 28F, 30F, 32F, 34F, with water soluble lubricant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 each | Oropharyngeal Airways - assorted sizes, must include 40mm (00), 50mm (0), 60mm (1), 80mm (3), 90mm(4), 100mm (5), 110mm (6) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 each | Blind Insertion Airway Devices (device not intended to be placed into trachea) in assorted adult sizes per manufacturer (i.e. Combi tube sizes 37mm, 43mm OR King Airway sizes 3, 4, 5, OR igel sizes 3, 4, 5 or LMA sizes 3, 4, 5 or equivalent per Service Medical Director) to include water soluble lubricant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | ALS Airway Kit with assorted Endotracheal tubes (minimum of 3.0, 4.0, 5.0, 6.0, 7.0, 8.0), laryngoscope handle with appropriately sized blades (for infants, children, adults - disposable blades must remain in manufacturer's packaging until use), 10cc syringes, water soluble lubricant, Magill Forceps, End Tidal Carbon Dioxide monitoring device (quantitative and/or qualitative) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Transport Ventilator | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Fixed Oxygen – an adequate amount for anticipated liter flow and length of flight with an emergency reserve available for every mission | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Oxygen: portable unit consisting of at least a "D" cylinder or equivalent, yoke, regulator with pressure gauge and flowmeter, and cylinder wrench or hand wheel. The cylinder must have no less than 600 psi. The unit shall be capable of delivering an oxygen flow of at least 15 liters per minute. Cylinder holders with a quick release fitting shall be furnished to allow the use of the portable unit outside the aircraft. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bandaging/Dressings | | | |
| Quantity | Item/Description | Compliant | |
| 2 | Sterile Gauze Pads, 4" x 4" | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Universal Dressings approximately 10 inches by 30 inches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Clean wrapped sheets or sterile burn sheets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Bandages, soft roller, self adhering type, assorted sizes (2 inch - 6 inch) (Minimum 4 yards/each) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Bandages, elastic, of assorted sizes (2 inch-6 inch) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Occlusive dressing, sterile, individually wrapped, minimum of 4 inches by 3 inches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Adhesive Tape – Rolls, Assorted Sizes minimum 1 inch wide | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Heavy Duty Bandage Shears | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnostic Equipment | | | |
| Quantity | Item/Description | Compliant | |
| 1 | Cardiac Monitor/Defibrillator (with print out), configuration and supplies, that is capable of delivering defibrillation, cardioversion, pacing, and EKG monitoring for adult and pediatric patients. Cardiac monitors must be capable of 12 lead ECG acquisition by 2025. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Equipment suitable to determine blood pressure of the adult, pediatric and infant patient(s) during flight; automatic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Stethoscope for both adult and pediatric patients | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Glucose monitoring instrument, with minimum 5 each of strips, lancets, alcohol preps | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Diagnostic Equipment (continued) | | | |
|----------------------------------|--|------------------------------|-----------------------------|
| Quantity | Item/Description | Compliant | |
| 1 | Pulse oximetry device with adult and pediatric size clips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Non-Mercury Thermometer; if patient contact type must have disposable covers or be disposable. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Penlight | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Patient Safety/Comfort/Care | | | |
| Quantity | Item/Description | Compliant | |
| 1 | FAA approved stretcher system, capable of being secured in the aircraft; with restraining devices capable of providing adequate restraint of all patients including those under 60 pounds or 36 inches in height and an adult, 6 feet tall weighing 212 pounds; head of stretcher shall be capable of elevating up to 30 degrees; stretcher shall be sturdy and rigid enough so that it can support cardiopulmonary resuscitation and / or if a backboard or equivalent device is required to achieve this, such device will be readily available; pad or mattress shall be impervious to moisture and easily cleaned and disinfected. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Blankets or other types of hypothermic precautions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Waterproof Patient Covers (Water impervious blankets will count as both blankets and waterproof patient covers) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Emesis basins or emesis bags | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Hearing protection for patients, as applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Restraints, 2 ankle and 2 wrist, leather or nylon or disposable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Nonporous Infant Insulating Device, foil swaddler, foil bunting, silver swaddler or equivalent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Obstetrical Kit: Receiving blanket, sterile bulb aspirator, sterile scissors or scalpel blade, 4 inch gauze pads, 2 cord clamps, plastic bag for placenta, APGAR scoring card. All items are to be in a container with identifying label showing contents. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Provider Safety | | | |
| Quantity | Item/Description | Compliant | |
| 1 | Flashlight | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Sharps container, minimum 1 quart size or equivalent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Fire Extinguisher per FAA Regulations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Surgical mask | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | N95 Particulate mask, minimum of 2 sizes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Personal Protection Equipment sets to include: face shield/goggles, surgical masks, gowns/coveralls | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20 | Nitrile (non-latex) Exam gloves, 10 each of at least 2 sizes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | U.S. Department of Transportation Emergency Response Guidebook, current edition (Hard copy or electronically stored on helicopter computer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | FEMA Job Aid or other Resource Handbook providing information on chemical, biological, nuclear agents (Hard copy or electronically stored on helicopter computer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Min 2 | ANSI compliant Reflective safety wear for each crewmember | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Miscellaneous Equipment | | | |
|-------------------------|--|------------------------------|-----------------------------|
| Quantity | Item/Description | Compliant | |
| 1 | A length-based resuscitation tape or a reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing based on length or age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Agency Protocol Manual (Hard copy or electronically stored on helicopter computer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Irrigation Liquids 500 ml or equivalent packaging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Intravenous Infusion Pump capable of strict mechanical control of an IV infusion drip rate; passive devices such as dial-a-flow are NOT acceptable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Sealed and/or locked Drug Kit containing appropriate medications and solutions with the list of contents established by the Service Medical Director. Controlled Substances must have an additional seal/lock. The list of contents and expiration dates must be affixed to the outside of the kit. Alternatively, the list of contents and expiration dates may be contained inside the kit ONLY if the EARLIEST expiration date is affixed to the outside of the kit, or is otherwise contained on the ambulance (checkoff book, electronic device). This kit may be combined with the Medication Kit listed above. Must be maintained in temperature-controlled environment and must not be left unsecured. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 | Sealed and/or locked IV Solution Kit with the list of contents, to include expiration dates, affixed to the outside of the sealed kit established and approved by the local EMS Medical Director. Kit shall contain IVs of types, quantities, and sizes as specified on a list signed by the EMS medical director; IV catheters in various sizes and types; intraosseous needles, tourniquets; Macro and Micro drip sets; assorted IV cannulas; assorted syringes; IV pressure infuser bag. This kit must be maintained in a temperature controlled environment and not be left unsecured. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments:
