DEPARTMENT OF HUMAN SERVICES
OREGON HEALTH DIVISION
EMERGENCY MEDICAL SERVICES AND SYSTEMS
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AIR AMBULANCE INSPECTION FORM

G Initial G Announced G Unannounced G Reinspection

Agency Name: ______________________ Date of Inspection: ____/____/____

Aircraft Make: __________ Aircraft Model: __________ Year of Manufacture: ______ Aircraft Registration # __________

Ambulance License #: __________

Inspection Codes:
1 = Present and in good working order.
2 = Item placed on aircraft at time of inspection.
3 = Item not present or not in good working order.
DNC = Did not check.

Rating Categories:
CRITICAL EQUIPMENT IS IN BOLD, CAPS and UNDERLINED.
Equipment in this category that is either missing or not in good working order shall result in the immediate suspension of the license to operate and the license shall remain suspended until deficiencies are corrected.

AIRCRAFT DESIGN

G Fixed-wing, one engine
G Fixed-wing, two engines
G Rotary-wing, one engine
G Rotary-wing, two engines

IFR Equipped: G Yes G No

Form(s) FAA 337 on file for each modification made to aircraft:
G Yes G No G N/A

1 2 3 A climate control system to prevent temperature extremes that would adversely affect patient care.

1 2 3 Interior lighting, so that patient care can be given and patient status monitored without interfering with the pilot's vision. The cockpit must be sufficiently isolated, by protective barrier, to minimize in-flight distraction or interference.

1 2 3 At least one outlet per patient and current for 110 volt (50/60 cycle) alternating current or other current which is capable of operating all electrically-powered equipment.

1 2 3 A back-up source of current or batteries capable of operating all electrically-powered life support equipment for one-hour.

1 2 3 An adequate door to allow loading and unloading of a patient without rotating the patient and stretcher more than 30 degrees about the longitudinal (roll) axis or 45 degrees about the lateral (pitch) axis.

1 2 3 A configuration that allows the personnel access to the patient in order to begin and maintain treatment modalities. There must always be complete access to the patient's head and upper body for effective airway management.

1 2 3 The stretcher or litter and medical equipment is placed in a manner that will not impede rapid egress by personnel or patient from the aircraft.

Aircraft Exterior:
Needs body work: G Yes G No
Needs painting: G Yes G No
Cleanliness: G acceptable G not acceptable

Aircraft Interior:
Needs upholstery work: G Yes G No
Equipment stored in a neat and organized manner:
G Yes G No
Cleanliness: G acceptable G not acceptable

SURVIVAL EQUIPMENT

1 2 3 Emergency locator transmitter - 1

Survival equipment for crew members and patient consisting of:
1 2 3 Clothes for the season and area served
1 2 3 Thermal blankets - 1 per person
1 2 3 Plastic tarp, 5' X 7' - 1
1 2 3 Signal mirror - 1
1 2 3 Compass - 1
1 2 3 Canned smoke signals - 2; or
1 2 3 Flare pistol - 1 and flares - 3; or
1 2 3 Pencil flares - 6
1 2 3 Large flashlight - 1
1 2 3 Flashlight batteries; dated. Exp. Date ____/____/____
1 2 3 Orange signal banner - 1
1 2 3 Noise maker (whistle) - 1
1 2 3 Drinkable water - 1 gallon
1 2 3 Tea - 12 packets
1 2 3 Salt and sugar - 12 packets ea.
1 2 3 Beef-jerky or granola bars - 6
1 2 3 Waterproof matches - 1 box
1 2 3 Fire extinguisher (ABC Rating) - 1

Communication Equipment and Records:
1 2 3 **RADIO** G VHF G UHF G Other
radio frequencies: ______________

1 2 3 Communications equipment to ensure both internal crew and air-to-ground exchange of information between individuals and agencies appropriate to the mission. Scene response aircraft must be able to communicate with EMS and law enforcement personnel at the scene.

PATIENT CARE REPORT FORMS:
1 2 3 Using the state-approved form
1 2 3 Using own designed form that meets the State's criteria
1 2 3 Oregon Trauma System's Identification Bracelets - 5

Displaying Signs, Licenses & Certificates:
"NO SMOKING" Signs
1 2 3 Cockpit
1 2 3 Patient Compartment

Health Division Ambulance Licenses:
1 2 3 White paper ambulance license,
Location: ____________________
1 2 3 Side window ambulance license,
Location: ____________________

PATIENT CARE EQUIPMENT- BLS, ILS and ALS LEVEL OF CARE
The following patient care equipment is required on all licensed air ambulances:

OXYGEN (Medical) and administration equipment:

1 2 3 **MUST BE ABLE TO PROVIDE A MINIMUM OF TWO HOURS SUPPLY WHEN BEING DELIVERED AT 10 LITERS PER MINUTE.**

FLOWMETER TEST RESULTS: G Did not conduct tests.
Test #1 Regulator set to deliver 2 L/min. Accurate to +/- 1.0 L/min.
Actual reading _______ G Pass G Fail
Test #2 Regulator set to deliver 5 L/min. Accurate to +/- 1.0 L/min.
Actual reading _______ G Pass G Fail
Test #3 Regulator set to deliver 10 L/min. Accurate to +/- 1.0 L/min.
Actual reading _______ G Pass G Fail
Test #4 Regulator set to deliver 15 L/min. Accurate to +/- 1.5 L/min.
Actual reading _______ G Pass G Fail

1 2 3 **SPARE TANK, at least 300 liter capacity that is full, tagged and sealed - 1.**
1 2 3 **ALL TANKS PROPERLY SECURED.**
1 2 3 All tanks must be inspected and have a hydrostatic pressure test by a qualified person, tanks stamped with a date followed by a *, +, or i are good for 10 years, all other markings after a date are good for 5 years.

OXYGEN NON OR PARTIAL-REBREATHER MASKS WITH TUBING:
1 2 3 **OXYGEN MASK with tubing, pediatric - 2**
1 2 3 **OXYGEN MASK with tubing, adult - 2**
1 2 3 Oxygen Nasal Cannulas with tubing, adult - 2
1 2 3 Mouth-to-Mask Ventilation Devices with one-way valve, adult - 1

SQUEEZE BAG-VALVE-MASK (each mask must be transparent and semi-rigid)
1 2 3 **NEWBORN/INFANT, BAG - 1**

TEST RESULTS: G Did not conduct tests.
Test #1 Flow rate = or > 35 L/min.
Actual reading _______ G Pass G Fail
Test #2 Pressure = or > 55 cm $H_2$0.
Actual reading _______ G Pass G Fail
Test #3 Test for leaks, pressure should stay the same or drop very slowly. G Pass G Fail
Test #4 Cycle rate for infant bag = or > 40 per min
Actual reading _______ G Pass G Fail

1 2 3 **CHILD/ADULT BAG - 1**

TEST RESULTS: G Did not conduct tests.
Test #1 Flow rate = or > 35 L/min.
Actual reading _______ G Pass G Fail
Test #2 Pressure = or > 55 cm $H_2$0.
Actual reading _______ G Pass G Fail
Test #3 Test for leaks, pressure should stay the same or drop very slowly. G Pass G Fail
Test #4a Cycle rate for adult bag = or > 20 per min
Actual reading _______ G Pass G Fail
Test #4b Cycle rate for child bag = or > 30 per min
Actual reading _______ G Pass G Fail

1 2 3 **MASK SIZES, 0, 1, 2, 3, 4, 5 - 1 ea., or cushion-type mask in infant and child/adult sizes.**

Airway Maintenance Devices:
OROPHARYNGEAL AIRWAYS (PLASTIC OR RUBBER)
1 2 3 **INFANT - 1**
1 2 3 **CHILD - 1**
1 2 3 **SMALL ADULT - 1**
1 2 3 **MEDIUM ADULT - 1**
1 2 3 **LARGE ADULT - 1**
1 2 3 **EXTRA LARGE ADULT - 1**

Suction Equipment:
1 2 3 **PORTABLE SUCTION ASPIRATOR (may be either battery, oxygen or manually powered) with 300 ml collection bottle - 1**

TEST RESULTS: G Did not conduct tests.
Test #1 Flow rate must reach and remain at 20 L/min or greater.
Actual reading _______ G Pass G Fail
Test #2 Vacuum test, vacuum must reach 300 mm Hg or greater within 4 seconds.
Actual reading _______ G Pass G Fail
Test #3 Maximum vacuum, vacuum must reach and maintain at 400 mm Hg or greater.
Actual reading _______ G Pass G Fail
Test #4 Aspirator tubing, tubing must not collapse.
G Pass G Fail
1 2 3 A secondary suction apparatus - 1

TEST RESULTS: G Did not conduct tests.
Test #1 Flow rate must reach and remain at 20 L/min or greater.
Actual reading _______ G Pass G Fail
Test #2 Vacuum test, vacuum must reach 300 mm Hg or greater within 4 seconds.
Actual reading _______ G Pass G Fail
Test #3 Maximum vacuum, vacuum must reach and maintain at 400 mm Hg or greater.
Actual reading _______ G Pass G Fail
Test #4Aspirator tubing, tubing must not collapse.
G Pass G Fail
1 2 3 **SUCTION CATHETERS (Assorted sizes neonatal to adult): 5/6, 8, 10, 12, 14, 16, 18**, # __________

1 2 3 Water for rinsing - 8 ounces

Stretcher, fasteners and anchorages:
1 2 3 **STRETCHER, 72" long and 19" wide with three restraining devices (chest, hip and knee) at least 2" wide with a quick release buckle - 1**
1 2 3 **STRETCHER FASTENER with quick release features in accordance with FAA Part 135 - 1**
1 2 3 **EXTREMITY RESTRAINTS for combative or agitated patient - 4**

Miscellaneous equipment:

1 2 3 Emesis container - 1 two-liter container with plastic liners & ties - 2
1 2 3 Hypothermia thermometer in protective case - 1
1 2 3 Urinal, female - 1
1 2 3 Urinal, male - 1
1 2 3 Bed pan - 1
1 2 3 **STETHOSCOPE - 1 ADULT**
1 2 3 **ANEROID SPHYGMOMANOMETER, ADULT - 1**

TEST RESULTS: G Did not conduct tests.
Test #1 Calibrated? G Yes G No
Test #2 Cuff leaks? G Yes G No
Test #3 Valve leaks? G Yes G No
Test #4 Tubes leak? G Yes G No
Test #5 Gauge Pressure Test (Record Mercury reading/gauge reading at 260, 160 and 60): ± 4 mmHG 260/___
160/___
60/___

1 2 3 Aneroid Sphygmomanometer, Extra Large Adult - 1

TEST RESULTS: G Did not conduct tests.
Test #1 Calibrated? G Yes G No
Test #2 Cuff leaks? G Yes G No
Test #3 Valve leaks? G Yes G No
Test #4 Tubes leak? G Yes G No
Test #5 Gauge Pressure Test (Record Mercury reading/gauge reading at 260, 160 and 60): ± 4 mmHG 260/___
160/___
60/___

1 2 3 Aneroid Sphygmomanometer, Child Optional

TEST RESULTS G Did not conduct tests.
Test #1 Calibrated? G Yes G No
Test #2 Cuff leaks? G Yes G No
Test #3 Valve leaks? G Yes G No
Test #4 Tubes leak? G Yes G No
Test #5 Gauge Pressure Test (Record Mercury reading/gauge reading at 260, 160 and 60): ± 4 mmHG 260/___
160/___
60/___

1 2 3 Aneroid Sphygmomanometer, Infant Optional

TEST RESULTS G Did not conduct test.
Test #1 Calibrated? G Yes G No
Test #2 Cuff leaks? G Yes G No
Test #3 Valve leaks? G Yes G No
Test #4 Tubes leak? G Yes G No
Test #5 Gauge Pressure Test (Record Mercury reading/gauge reading at 260, 160 and 60): ± 4 mmHG 260/___
160/___
60/___

Personal protection devices:

1 2 3 **GLOVES, disposable - 3 pair**
1 2 3 **FACE MASKS, disposable - 2**
1 2 3 **PROTECTIVE EYEWEAR - 2**
1 2 3 Hand cleaning solution - 16 oz., or Cleaning cloths - 4
1 2 3 Cleaning disinfectant - 8 oz.
1 2 3 **CONTAINER(S) for used needles, number: ______**
1 2 3 **CONTAINER(S) for contaminated gloves, masks, etc.**

Linen Supplies

1 2 3 Pillow with waterproof covering - 1
1 2 3 Pillow case (may be either cloth or paper) - 1
1 2 3 Cot sheets (may be either cloth or paper) - 2
1 2 3 **BLANKETS - 1 for each stretcher,** total # ___________

The following patient care items are required on all prehospital scene response air ambulances:
G Not applicable for this inspection.

1 2 3 Department of Transportation Emergency Response Guide Book (Initial Response to Hazardous Material Incidents), 1987 or newer, or equivalent - 1

Fracture Immobilization Equipment:

1 2 3 Traction splint, child - 1
1 2 3 Traction splint, adult - 1, or
1 2 3 Traction splint, child/adult combination, including ankle straps for child and adult - 1
1 2 3 Extremity splints, upper - 2
1 2 3 Extremity splints, lower - 2

EXTRICATION COLLARS (soft foam rubber cervical collars are not allowed)

1 2 3 **PEDIATRIC - 1**
1 2 3 **SMALL - 1**
1 2 3 **MEDIUM - 1**
1 2 3 **LARGE - 1**

1 2 3 Scoop stretcher - 1
1 2 3 **SHORT BACKBOARD or equivalent; i.e., K.E.D - 1**
1 2 3 **LONG BACKBOARD - 1**
1 2 3 **PEDIATRIC BACKBOARD, a modified short or long backboard is acceptable - 1**
1 2 3 **HEAD IMMOBILIZERS - 2**

Bandaging and dressing materials

1 2 3 Conforming non-sterile gauze bandages - 6
1 2 3 Gauze 4" X 4" sterile sponges - 24
1 2 3 Sterile bulk dressings - 8" X 30" - 2, or 7" X 8" - 4
1 2 3 Non-porous 4" X 4" sterile dressing - 4
1 2 3 Adhesive or hypo-allergenic 1" tape - 2 rolls
1 2 3 Bandage shears - 1
1 2 3 Rigid eye shields - 2

Medications, fluids and patient care equipment for use by an EMT-Paramedic or above:
G Not applicable for this inspection.

1 2 3 **MONITOR/Defibrillator with Tape Write-out**
1 2 3 **Adult paddles - 1**
1 2 3 **PATIENT CABLES - 2**
1 2 3 **CONTACT GEL - 1 tube or Pre-gelled defib pads - 2 sets**
1 2 3 Monitoring electrodes - 6
1 2 3 ECG paper - 2 rolls
1 2 3 **LARYNGOSCOPE HANDLE - 1**
1 2 3 Extra dated batteries for laryngoscope handle - 2
Exp. Date: _____/_____/_____

LARYNGOSCOPE BLADES:

1 2 3 **Size 0 - straight - 1**
1 2 3 **Size 1 - straight - 1**
1 2 3 **Size 2 - straight - 1**
1 2 3 **Size 2 - curved - 1**
1 2 3 **Size 3 - straight - 1**
1 2 3 **Size 3 - curved - 1**
1 2 3 **Size 4 - straight - 1**
1 2 3 **Size 4 - curved - 1**
1 2 3 Extra bulbs for laryngoscope blades - 2

INTUBATION TUBES Stored in unbroken packages and having valid expiration dates:

1 2 3 **2.5 mm - 2 Exp. date: / /**
1 2 3 **3.0 mm - 2 Exp. date: / /**
1 2 3 **3.5 mm - 2 Exp. date: / /**
1 2 3 **4.0 mm - 2 Exp. date: / /**
1 2 3 **4.5 mm - 2 Exp. date: / /**
1 2 3 **5.0 mm - 2 Exp. date: / /**
1 2 3 **5.5 mm - 2 Exp. date: / /**
1 2 3 **6.0 mm - 2 Exp. date: / /**
1 2 3 **7.0 mm - 2 Exp. date: / /**
1 2 3 **8.0 mm - 2 Exp. date: / /**

Vascular Access Devices:

1 2 3 **BUTTERFLY DEVICES 23 gauge - 2**
1 2 3 **BUTTERFLY DEVICES 25 gauge - 2**
1 2 3 **OVER-THE-NEEDLE CATHETERS 14 gauge - 2**
1 2 3 **OVER-THE-NEEDLE CATHETERS 16 gauge - 2**
1 2 3 **OVER-THE-NEEDLE CATHETERS 18 gauge - 2**
1 2 3 **OVER-THE-NEEDLE CATHETERS 20 gauge - 2**
1 2 3 **OVER-THE-NEEDLE CATHETERS 22 gauge - 2**
1 2 3 **OVER-THE-NEEDLE CATHETERS 24 gauge - 2**
1 2 3 **INTRAOSSEOUS NEEDLE - 2**
1 2 3 **DECOMPRESSION VALVE (one-way chest decompression valve) - 2**

1 2 3 **INTRAVENOUS FLUIDS, STERILE AND ASSORTED Expiration dates: G good G bad**
1 2 3 **INTRAVENOUS MEDICATIONS, STERILE AND ASSORTED. Expiration dates: G good G bad**

Air ambulances carrying controlled substances must have:

1 2 3 A locked box that is attached to the inside of a locked cabinet.
1 2 3 Keys to each of the locks (the same key cannot be used for both locks).
1 2 3 Sign in/out book for each controlled substance.

Copy of signed standing orders. Orders must be reviewed and signed annually by current medical director:

Name of the medical director:

____

1 2 3 **EMT-Basic (fixed-wing only)**
1 2 3 **EMT-Intermediate (fixed-wing only)**
1 2 3 **EMT-Paramedic (fixed or rotary-wing)**
1 2 3 **SIGNED BY THE MEDICAL DIRECTOR:**
1 2 3 **DATED WITHIN THE PAST 12 MONTHS**
Date standing orders were last signed: ____/____/____

1 2 3 **ALL DEVICES AND EQUIPMENT ARE PROPERLY FASTENED TO PREVENT ITEMS FROM MOVING ABOUT WHILE THE AIRCRAFT IS IN FLIGHT OR IF INVOLVED IN AN ACCIDENT.**

Inspection Finding and Disposition:

Can the person assisting in the inspection locate the equipment in a timely manner? G Yes G No

Initial inspection acceptable: G Yes G No

Same-day reinspection acceptable: G Yes G No

G **INITIAL INSPECTION WITH SAME-DAY REINSPECTION IS NOT ACCEPTABLE. THE INSPECTIONS REVEAL VIOLATIONS THAT CONSTITUTE AN IMMEDIATE DANGER OR THREAT TO THE PUBLIC. THE LICENSE FOR THIS VEHICLE IS HEREBY SUSPENDED AND SHALL REMAIN SUSPENDED UNTIL THE VIOLATIONS HAVE BEEN CORRECTED. THE LICENSEE SHALL NOTIFY THE DIVISION BY USING THE "INSPECTION CORRECTIVE ACTION STATEMENT" THAT ALL VIOLATIONS HAVE BEEN CORRECTED.**

G Initial inspection with same-day reinspection is **NOT** acceptable. The inspection reveals violations that do not constitute an immediate danger or threat to the public. The licensee shall notify the Division by using the "Inspection Corrective Action Statement" that the non-critical violations have been corrected by:

Date:____/____/____, Time:_______

Copy of the ambulance inspection form given to the ambulance service representative. G Yes G No

Copy of the ambulance inspection form mailed to the ambulance service. G Yes G No Date mailed: ____/____/____

Inspection corrective action statement given to the ambulance service representative. G Yes G No

Inspection corrective action statement mailed to the ambulance service. G Yes G No Date mailed: ____/____/____

Notice of Immediate License Suspension given to ambulance service representative: G Yes G No

Ambulance Service Representative:

________________________ / / __________
Signature Date Time

County Health Dept. Representative notified:

________________________ / / __________
Name Date Time

County Ambulance Service Plan Administrator notified:

________________________ / / __________
Name Date Time

Inspection conducted by:

________________________ / / __________
Name Date Time