

Thomas O. Forslund, Director

Governor Matthew H. Mead

**Wyoming Office of EMS
Air Medical Aircraft Inspection Report**

Date: ____ / ____ / ____

Aircraft Owner /Operator: _____

Aircraft Vendor: _____

Inspected at: (location) _____

Type of aircraft: _____ Fixed Wing: _____ Rotor Wing: _____

Tail # _____

Certificate of Airworthiness # _____

Certificate of Airworthiness Date of Issue: ____ / ____ / ____

Single engine: _____ Multi-engine: _____ Jet: _____ Prop: _____

Dedicated fulltime air medical configuration: Yes _____ No _____

Number of crew: _____ Number of patients: _____

Air Medical crew configuration numbers: Paramedic _____ RN _____ RT _____

Other Medical Professional/s: _____

Frequency of aircrew flight physicals if done: _____

Specialized Air Medical Crew educational requirements: Yes _____ No _____

Describe the Specialized Air Medical Crew educational program: submit the training program:

Type of patient medical module: _____

Adult / Pediatric / Infant Isolette



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Communications:

Cellular: Yes _____ No _____ Dedicated: Yes _____ No _____

Hand held radios/portables: Yes _____ No _____ Dedicated: Yes _____ No _____

Aircraft band: Yes _____ No _____ VHF Public Safety: Yes _____ No _____

Internal hard mounted: Yes _____ No _____ Type: _____

Are the VHF Public Safety radios P-25 narrow banding compatible: Yes _____ No _____

Do you have or will you obtain WyoLink compatible radios? Yes _____ No _____

Explain: _____

Is in-flight EKG transmission available? Yes _____ No _____ Type _____

Explain: _____

Operations:

Rotor wing:

Scene flights: Yes _____ No _____

PIC NVD qualified: Yes _____ No _____

Air Medical Crew NVD qualified: Yes _____ No _____

Who can activate the aircraft for a scene flight? _____

Do you clear the flight with Public Safety agencies before activation? Yes _____ No _____

How do you interface with City, County, and State EMS, Fire, and Public Safety Agencies i.e. radio, text messaging etc?

Explain: _____



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How is the aircraft requested i.e. 911- private phone number etc?

Explain: _____

Do you have a centralized dispatch / communications: Yes _____ No _____

Explain: _____

Do you use fulltime flight tracking: Yes _____ No _____

How is the flight tracking accomplished? _____

What is your "downed aircraft policy"? Submitted: Yes _____ No _____

Aircraft maintenance protocol: Submitted: Yes _____ No _____

Patient transport data submission accomplished how?

Explain: _____

Medical control / resource hospital: name & location _____

Designated Medical Control Physician / Medical Director: _____

BLS Airway Management and Ventilation:

Oxygen tank (fixed) or onboard generator: Yes: No:

Oxygen portable with regulator: Yes: No:

Oxygen masks (High concentration):

Infant: Yes: No: Child: Yes: No:

Adult Yes: No:

Nasal cannulas:

Adult: Yes: No: Child: Yes: No:

Oral airways: Infant: Yes: No: Child: Yes: No:

Adult sizes: Yes: No:

Nasopharyngeal airways with lubricant: Infant: Yes: No:

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Child: Yes: No: Adult: Yes: No:

Self-inflating resuscitation bags, with oxygen reservoir: Infant: Yes: No:

Child: Yes: No: Adult: Yes: No:

Masks for use with resuscitation bags: Neonate: Yes: No:

Infant: Yes: No: Child: Yes: No:

Adult: Yes: No:

Oxygen connecting tubing: Yes: No:

Portable suction with various tonsillar and flexible suction catheters: Yes: No:

Patient Assessment:

Blood pressure cuffs:

Infant: Yes: No:

Child: Yes: No:

Adult: Yes: No:

Large Adult: Yes: No:

Stethoscope: Infant: Yes: No: Adult: Yes: No:

Flashlight/penlight (with extra batteries and bulbs): Yes: No:

Thermometer: Yes: No:

Thermometer with hypothermia capacity: Yes: No:

Pulse oximetry: Yes: No:

Glucometer: Yes: No:

Obstetrics:

Sterile pre-packaged OB delivery kit: Yes: No:

Thermal absorbent blanket and head cover: Yes: No:

Immobilization:

Traction splint: Child: Yes: No: Adult: Yes: No:

Firm upper and lower extremity splints to include joint above and below injury, rigid with padding:
Yes: No:

Rigid cervical collars; pediatric and adult sizes: Yes: No:

Triangular bandages - minimum of six (6): Yes: No:

Scoop type stretcher: Yes: No:

Personal Protection:

Infectious disease prevention materials - gloves, goggles or face shields, masks, gowns, boots or shoe covers: Yes: No:

Disinfectants: Yes: No:

Sharp object disposable containers which can be permanently be sealed when full:
Yes: No:

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Antiseptic hand wipes: Yes: No:

Hearing protection: Yes: No:

HEPA mask(s): Yes: No:

Minimum of a Level C protective suit: Yes: No:

Traffic safety vest: Yes: No:

Bandaging:

Burn package - includes sterile sheets or towels for children: Yes: No:

Sterile trauma dressings of various sizes - 5 x 9; 8 x 10: Yes: No:

Sterile gauze bandages of various sizes: Yes: No:

Adhesive tape in various sizes: Yes: No:

Elastic bandages in various sizes: Yes: No:

Other:

Sterile saline irrigation fluid: Yes: No:

Bandage/trauma shears: Yes: No:

Disposable basins or emesis bags: Yes: No:

Disposable bedpan and urinal: Yes: No:

Patient restraints as directed by physician medical director: Yes: No:

Hypertonic sugar solution (ALS may utilize D50 or Glucagon): Yes: No:

Cold Packs: Yes: No:

Blankets: Yes: No:

Disaster/triage tags: Yes: No:

Warning flares and /or signal devices: Yes: No:

Fire extinguisher: Yes: No:

Broselow tape or equivalent: Yes: No:

Scissors capable of cutting heavy metal: Yes: No:

Ring cutter: Yes: No:

Portable kits for treating patients away from the ambulance/aircraft: Yes: No:

Eyewash: Yes: No:

Advanced Life Support:

(In addition to Basic Life Support)

Airway Management and Ventilation:

Laryngoscope handle with extra batteries and bulbs:

Pediatric: Yes: No: Adult: Yes: No:

Laryngoscope blades

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Miller Size 0: Yes: No:

Miller Size 1: Yes: No:

Miller Size 2: Yes: No:

Macintosh Size 3: Yes: No:

Macintosh Size 4: Yes: No:

Endotracheal tubes (minimum of 2 each size) – sizes:

2.5 uncuffed: Yes: No: 6.0 cuffed: Yes: No:

3.0 uncuffed: Yes: No: 6.5 cuffed: Yes: No:

3.5 uncuffed: Yes: No: 7.0 cuffed: Yes: No:

4.0 uncuffed: Yes: No: 7.5 cuffed: Yes: No:

4.5 uncuffed: Yes: No: 8.0 cuffed: Yes: No:

5.0 uncuffed: Yes: No:

5.5 uncuffed: Yes: No:

Combitube or Division approved multi-lumen lower airway adjunct: Yes: No:

Stylettes for endotracheal tubes; pediatric and adult: Yes: No:

Magill forceps - pediatric and adult: Yes: No:

Lubricating jelly (water soluble): Yes: No:

Nasogastric tubes:

Pediatric sizes 5F and 8F: Yes: No:

Adult sizes 14F, 16F, and 18F: Yes: No:

End-tidal CO2 detectors or esophageal detector devices: Yes: No:

Monitor/Defibrillator:

Portable, battery-operated, cardiac monitor/defibrillator with recorder, quick-look paddles or hands-free patches, pediatric/adult electrodes and paddles, capability to provide electric discharge below 25 watt-seconds and 12 lead capable: Yes: No:

Monitor charges/discharges: Yes: No:

Spare batteries: Yes: No:

Adult electrodes: Yes: No:

Pediatric electrodes: Yes: No:

Vascular access:

Intravenous catheters:

14g: Yes: No:

16g: Yes: No:

18g: Yes: No:

20g: Yes: No:

22g: Yes: No:

Intraosseous needles or devices: Yes: No:

Tourniquets - constricting bands: Yes: No:

Syringes of various sizes: Yes: No:

