

Thomas O. Forslund, Director

Governor Mark Gordon

**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: ☐

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Needles; sizes 14g - 24g: Yes: ☐ No: ☐Blood sample tubes; adult and pediatric: Yes: ☐ No: ☐IV administration sets - micro/macro/adjustable flow rate sets: Yes: ☐ No: ☐Intravenous securing devices: Yes: ☐ No: ☐All medications carried are in date: Yes: ☐ No: ☐Narcotics secured behind two locking devices or physically carried by medical crew member:  
Yes: ☐ No: ☐

***It is expected that all disposable medical supplies are within expiration and do not show signs of damage or contamination. The presence of contaminated or expired supplies or non-functioning bio-medical equipment constitutes a violation of the Rules and Regulations for "Wyoming Emergency Medical Services Act of 1977", W.S. 33-36-101. (2008 Revision).***

Comments:

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Wyoming EMS Personnel Completing Inspection:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_