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: _____/_____/_____


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
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: ________________________________________________________________
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:☐
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:☐
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
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:☐
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 biomedical 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: _______ / _______ / _______