



Oklahoma State Department of Health
 Protective Health Services
 Emergency Systems/EMS Division
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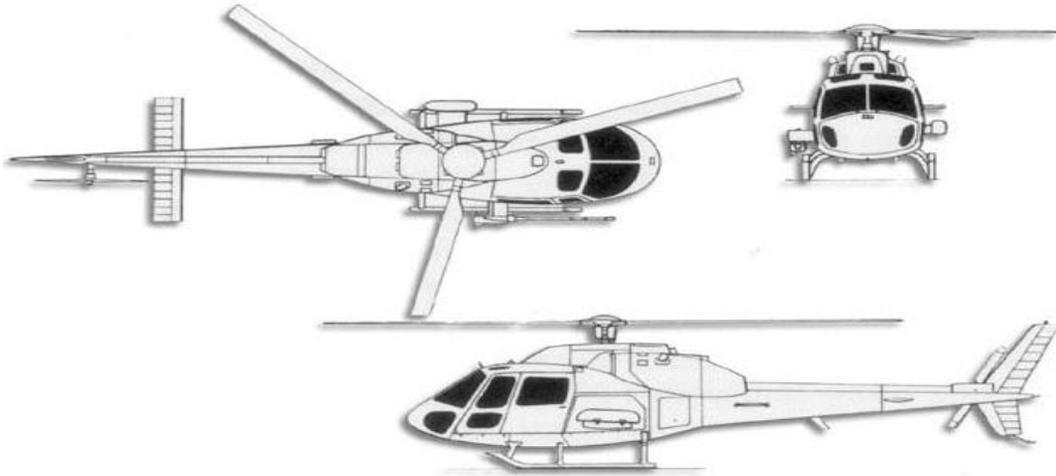
AIR AMBULANCE INSPECTION FORM	Date:	Time:
	Agency Name:	
	Location of Inspection:	
Agency Representative:		

AIRCRAFT INFORMATION

Purpose of Inspection:				Permit Classification: A <input type="checkbox"/> B <input type="checkbox"/> Not Permitted <input type="checkbox"/>		
Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Self Inspection <input type="checkbox"/>						
Aircraft Manufacturer / Model:			Tail #:	Serial #:		Aircraft Type: Rotor Wing <input type="checkbox"/> Fixed Wing <input type="checkbox"/>
Air Worthiness Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Location Of Permit:		OSDH Representative:		
FSDO#:		Date:				

ITEM APPROVED	Y	N	ITEM APPROVED	Y	N	ITEM APPROVED	Y	N	Comments
Stretcher & Restraints			Aircraft Interior Continued			Aircraft Equipment Continued			
Stretcher (can be carried to the patient)	<input type="checkbox"/>	<input type="checkbox"/>	Secured main Oxygen tank	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical ventilator	<input type="checkbox"/>	<input type="checkbox"/>	
Stretcher secured consistent with FAR's	<input type="checkbox"/>	<input type="checkbox"/>	Main Oxygen psi/liters: _____	<input type="checkbox"/>	<input type="checkbox"/>	Suction units (2) one of which is portable	<input type="checkbox"/>	<input type="checkbox"/>	
Stretcher type and model number label	<input type="checkbox"/>	<input type="checkbox"/>	Portable Oxygen psi: _____	<input type="checkbox"/>	<input type="checkbox"/>	Pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>	
Stretcher meets the 95 th percentile adult	<input type="checkbox"/>	<input type="checkbox"/>	O2 outlets padded or flush mounted	<input type="checkbox"/>	<input type="checkbox"/>	End-tidal CO2 monitoring capability	<input type="checkbox"/>	<input type="checkbox"/>	
Stretcher or device to support CPR	<input type="checkbox"/>	<input type="checkbox"/>				Auto Blood Pressure Device	<input type="checkbox"/>	<input type="checkbox"/>	
Stretcher elevates to 30 degrees	<input type="checkbox"/>	<input type="checkbox"/>				Sphygmomanometer	<input type="checkbox"/>	<input type="checkbox"/>	
Stretcher restraints to include five-point safety strap device	<input type="checkbox"/>	<input type="checkbox"/>				Doppler or atrial line monitor	<input type="checkbox"/>	<input type="checkbox"/>	
			Aircraft Equipment			Decompression kit	<input type="checkbox"/>	<input type="checkbox"/>	
Car Seat FAA approved (If Available)	<input type="checkbox"/>	<input type="checkbox"/>	All supplies are sterile	<input type="checkbox"/>	<input type="checkbox"/>	Cricothyrotomy Kit	<input type="checkbox"/>	<input type="checkbox"/>	
Isolette restraints (If Available)	<input type="checkbox"/>	<input type="checkbox"/>	All expired items are removed	<input type="checkbox"/>	<input type="checkbox"/>	Equipment annually tested	<input type="checkbox"/>	<input type="checkbox"/>	
			Controlled medications secured	<input type="checkbox"/>	<input type="checkbox"/>	Seat belts with shoulder harness for personnel	<input type="checkbox"/>	<input type="checkbox"/>	
			Controlled medications log current	<input type="checkbox"/>	<input type="checkbox"/>	Survival kit	<input type="checkbox"/>	<input type="checkbox"/>	
			All supplies and equipment secured	<input type="checkbox"/>	<input type="checkbox"/>	Aircraft is climate controlled	<input type="checkbox"/>	<input type="checkbox"/>	
Aircraft Interior			Equipment kits for the following categories: Trauma, Cardiac, Burn, Toxicologic, Pediatric, neonatal and Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher access to pilot and attendant	<input type="checkbox"/>	<input type="checkbox"/>	
Self contained lighting system with battery pack or portable light	<input type="checkbox"/>	<input type="checkbox"/>							
Pilot protected for night operations	<input type="checkbox"/>	<input type="checkbox"/>	IV supplies and fluids	<input type="checkbox"/>	<input type="checkbox"/>				
Power outlet with inverter	<input type="checkbox"/>	<input type="checkbox"/>	Hangers/hooks to secure IV solutions	<input type="checkbox"/>	<input type="checkbox"/>	Communications			
Pilot protected from patient / personnel	<input type="checkbox"/>	<input type="checkbox"/>	3 IV pump minimum	<input type="checkbox"/>	<input type="checkbox"/>	Radio capable for air to ground / air to air and ground to air	<input type="checkbox"/>	<input type="checkbox"/>	
Helmets or means of head protection	<input type="checkbox"/>	<input type="checkbox"/>	Accessible medications per protocol	<input type="checkbox"/>	<input type="checkbox"/>	Pilot to medical attendant communication	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate space for patient airway ventilator support	<input type="checkbox"/>	<input type="checkbox"/>	Medications protected from extreme temps	<input type="checkbox"/>	<input type="checkbox"/>	HEARS capable with encoder	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen outlet clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	Medical supplies per protocol	<input type="checkbox"/>	<input type="checkbox"/>	Radio capable of transmitting and receiving	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen shut off inside aircraft	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac monitor/defibrillator with pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Medical direction, Comm Center, Air traffic control, EMS and Law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen quantity visible inside aircraft	<input type="checkbox"/>	<input type="checkbox"/>	Extra batteries or power for cardiac monitor	<input type="checkbox"/>	<input type="checkbox"/>				
Oxygen measurement of liter flow	<input type="checkbox"/>	<input type="checkbox"/>	Adult and Pediatric pad or paddles	<input type="checkbox"/>	<input type="checkbox"/>				
Variety of Oxygen delivery devices	<input type="checkbox"/>	<input type="checkbox"/>	Aircraft is configured for effective CPR	<input type="checkbox"/>	<input type="checkbox"/>	Pilot able to override radio	<input type="checkbox"/>	<input type="checkbox"/>	
Secured portable Oxygen tank	<input type="checkbox"/>	<input type="checkbox"/>	Laryngoscope with IT supplies	<input type="checkbox"/>	<input type="checkbox"/>	Medical personnel able to communicate	<input type="checkbox"/>	<input type="checkbox"/>	
			BVM with O2 supplies for all ages	<input type="checkbox"/>	<input type="checkbox"/>				

* See O.A.C. 310:641 Rules for complete list of required supplies, equipment and quantities



Inspection Findings

Air Ambulance Certified to Operate (No Deficiencies)	<input type="checkbox"/>
Air Ambulance Certified to Operate (with Deficiencies)	<input type="checkbox"/>
Air Ambulance Ordered Out-of-Service	<input type="checkbox"/>

Reason for Placing Air Ambulance Out-of-Service:

REMARKS AND COMMENTS:

CITATION OF LAW: THIS INSPECTION HAS BEEN CONDUCTED PURSUANT TO TITLE 63, SECTION 2501 AND THE EMS RULES PROMULGATED BY THE STATE BOARD OF HEALTH – OKLAHOMA ADMINISTRATIVE CODE 310:641

I have been given/offered a copy of this inspection report and understand the basis of this report. I also understand that OSDH/EMS recommends all of the above (if any) deficiencies be corrected immediately.

I will provide OSDH/EMS written notification of correction by: _____ / _____, 20_____

Signature of Agency Representative

Date

I have inspected the above named Ambulance Provider and the vehicle and equipment at the time and date shown above and have found each item as shown within this report.

Signature of OSDH Representative

Date

Please Place Removed Permit in this Area