



**STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
AIR AMBULANCE INSPECTION REPORT (SECTION 401.31, F.S.)**



Service Name: _____ **Inspection Date:** ____/____/____ **Phone:** () _____

County: _____ **Type of Inspection:** Initial Reinspection Random Complaint Announced Unannounced

Aircraft Information: Make & Model: _____ **FAA Registration no.:** _____

Fixed Wing Helicopter **Permit No.:** _____ **Permit Type:** _____

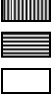
Date of Last Inspection: ____/____/____

Inspection Codes:

- 1 = Item meets inspection criteria.
- 1a = Item corrected during inspection to meet criteria.
- 2 = Items not in compliance with inspection criteria.

Rating Categories:

- 1 = Lifesaving equipment, medical supplies, drugs, records or procedures
- 2 = Intermediate support equipment, medical supplies, drugs, records or procedures
- 3 = Minimal support equipment, medical supplies, records or procedures



GENERAL SANITATION: Satisfactory Unsatisfactory (Explain)

| Name: | P/PI/O | Certificate/License # | Expiration Date |
|-------|--------|-----------------------|-----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| AIRCRAFT REQUIREMENTS | | MEDICATION | WT/VOL. | QTY. |
|---|---|--|-------------------------------------|----------------------------|
| 1. Entrance large enough to allow loading of a patient. | 14. Intraosseous needles 15 or 16 gauge and three way stop cocks for use with Intraosseous needles. As allowed by medical director (Two each). | 1. Atropine sulfate. | 2 mg. Total. | |
| 2. Interior large enough for two medical crew members. | 15. Assorted Syringes. | 2. Dextrose 50 percent. | 25 gm. Per 50 ml. | |
| 3. Cabin illumination of 40 foot-candles at patient level | 16. DC battery powered portable monitor defibrillator with adult and pediatric paddles (or pediatric paddle adapter) and ECG printout and spare battery. The unit shall be capable of delivering energy below 25 watts/sec. (One) | 3. Epinephrine HCL. | 1:1,000 1 | |
| 4. FAA approved stretcher system with 2 straps. | 17. Monitoring electrodes for adults and pediatric. | 4. Epinephrine HCL. | 1:10,000 1 mg. 10/ ml. | |
| 5. Isolated aircraft cockpit to protect pilot from in-flight interference. | 18. Flexible suction catheters assorted sizes | 5. ventricular Dysrhythmic | | |
| 6. Each aircraft shall be equipped with FAA approved communication equipment that operates on frequencies licensed by the FCC. This equipment shall function so that the flight and medical crew can communicate with ground medical support exclusive with the air traffic control system. | 19. A method for rapidly determining blood glucose as approved by the medical director. | | | |
| 7. No smoking sign. | 20. Pediatric length based measurement tape for equipment selection and drug dosage. | 7. Sodium Bicarbonate 50 mEq. Or 44.6 mEq. | 2 amps | |
| MEDICAL EQUIPMENT REQUIREMENTS | | 8. Naloxone (Narcan). | 1 mg/ml 2 mg. Amp. | |
| 1. Oxygen sufficient for duration of flight. | 21. Multitrauma dressings. | 9. Nitroglycerin tabs | 0.4 mg/tablet or 0.4 mg. Spray pump | 1 bottle or 1 pump sprayer |
| 2. Oxygen administration equipment. | 22. ABD pads. | 10. Diazepam or Lorazepam | 5 mg/ml 2 mg/ml | |
| 3. Oropharyngeal airways, | 24. Sterile gauze pads | 11. Inhalant beta-adrenergic agent of choice with nebulizer apparatus as approved by the medical director. | | One. |
| 4. Hand operated bag-valve mask, resuscitators, adult and pediatric accumulator, including adult, child and infant, transparent masks capable of use with supplemental oxygen. (One each) | 25. Adhesive tape. | I.V. Solutions | Minimum Amount | Minimum Quantity |
| 5. Equipment suitable to determine blood pressure of the adult and pediatric patient during flight. | 26. Bandage Shears | b. Lactated Ringers or Normal Saline | 4,000 ml. | In any combination. |
| 6. Approved sharps container per chapter 64J-1, F.A.C. (One) | | | | |
| 7. Approved biohazardous waste plastic bag or impervious container per chapter 64J-1, F.A.C. | 27. Patient restraints, wrist and ankle (One set each) | | | |
| 8. Portable suction unit with wide bore tubing and tips, electric or gas powered, which meets the minimum standards as published by the General Services Administration in KKK-A-1822 specifications. | | | | |

| AIRCRAFT STRUCTURAL REQUIREMENTS | |
|---|--|
| 1. External search light with a minimum of 400,000 candle power lumination at 200 feet, separate from the aircraft landing lights, movable 90 degrees longitudinally, 180 degrees laterally and capable of being controlled from inside the aircraft. | 28. Electronic waveform capnography capable of Real-time monitoring and printing record of the intubated patient |
| EQUIPMENT | |
| 1. Laryngoscope handle with batteries. | 29. Bulb syringe separate from obstetrical kit |
| 2. Laryngoscope blades; adult, child and infant size. | 30. Soft roller bandages |
| 3. Pediatric I.V. arm board or splint appropriate for I.V. stabilization. | 31. Thermal blanket |
| 4. Disposable endotracheal tubes: adult, child and infant sizes. Those below 5.5 mm shall be uncuffed. 2.5 mm-5.0 mm uncuffed, 5.5 mm - 7.0mm, 7.5 mm-11.0 mm (2 each size range) | 32. Standing Orders |
| 5. Endotracheal tube stylets pediatric and adult | 33. Sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel, and cord clamps or cord ties. (One) |
| 6. Magill forceps, pediatric and adult sizes. | 34. Burn sheets. |
| 7. Device for intratracheal meconium suctioning in newborns. | 35. Flashlight, minimum two "D" cells. (One) |
| 8. Tourniquets | 36. Vaseline gauze. (Four) |
| 9. I.V. cannulae between 14 and 24 gauge. | 37. Gloves-latex or other suitable material. (Sufficient quantity for all crew members). |
| 10. Macro drip sets. | 38. Face masks. (Sufficient quantity for all crew members.) |
| | 39. Nasopharyngeal airways, assorted sizes |
| | 40. Safety goggles or equivalent meeting A.N.S. I. Z87.1 standard. |

Comments:
I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: _____ **Date:** _____

Inspected By: _____ **Date:** _____

The provider's medical director may determine quantities. Quantities must be sufficient to meet the services protocols.