



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

AIRCRAFT INSPECTION

SERVICE NAME	SERVICE CODE (6 DIGITS)
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REASON FOR INSPECTION

<input type="checkbox"/> NEW SERVICE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> NEW AIRCRAFT
<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> UNANNOUNCED	<input type="checkbox"/> TEMP. PERMIT NUMBER

DESCRIPTION OF AIRCRAFT

AIRCRAFT DECAL NUMBER (LAST THREE DIGITS)	AIRFRAME HOURS	AIRCRAFT TAIL / IDENTIFICATION NUMBER
YEAR	MAKE	MODEL

INSPECTION DATA

INSPECTOR NAME	INSPECTOR SIGNATURE X	DATE OF INSPECTION
Was a violation notification issued for this vehicle?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Is the copy of the violation notification attached to this form?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Is a reinspection required?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

AIRCRAFT

Insignia and / or Monogram of the AMSO Displayed? O.A.C. 4766-5-08(B)(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
FAA airworthiness certificate available? O.A.C. 4766-5-08(B)(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
All Permits Required By EMS Displayed? O.A.C. 4766-5-08(C)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

ISOLATION EQUIPMENT

Packaged isolation Kits (4) O.A.C. 4766-5-10(A)(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Isolation goggles and Masks or Mask / Shield Combo (4) O.A.C. 4766-5-10(A)(1)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Isolation Gowns (4) O.A.C. 4766-5-10(A)(1)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Isolation Gloves (4) O.A.C. 4766-5-10 (A)(1)(c)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
High Particulate filter washes (HEPA filter or N95 mask) (4) (assorted sizes) O.A.C. 4766-5-10(A)(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Containers (bags) for Infectious Medical Waste (4) O.A.C. 4766-5-10(A)(3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sharps Container O.A.C. 4766-5-10(A)(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Disinfectant / Germicidal O.A.C. 4766-5-10(A)(5)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Waterless Hand Cleaner O.A.C. 4766-5-10(A)(6)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

AIRWAY EQUIPMENT

Complete set of oropharyngeal airway devices: adult, pediatric, and infant O.A.C. 4766-5-10(B)(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Complete set of nasopharyngeal airway devices: adult, pediatric, and infant O.A.C. 4766-5-10(B)(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Complete set of intubation equipment: adult, pediatric, and infant O.A.C. 4766-5-10(B)(3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Extra batteries and bulbs O.A.C. 4766-5-10(B)(3)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Syringes, assorted sizes O.A.C. 4766-5-10(B)(3)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adult stylet O.A.C. 4766-5-10(B)(3)(c)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric stylet O.A.C. 4766-5-10(B)(3)(d)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Infant stylet O.A.C. 4766-5-10(B)(3)(e)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adult Magill forceps O.A.C. 4766-5-10(B)(3)(f)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric Magill forceps O.A.C. 4766-5-10(B)(3)(g)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Booted hemostat or device appropriate clamp O.A.C. 4766-5-10(B)(3)(h)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adult endotracheal tube set one each: cuffed 6.0, 7.0, 8.0 O.A.C. 4766-5-10(B)(3)(i)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric / infant endotracheal tube set, one each: cuffed or uncuffed 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 O.A.C. 4766-5-10 (B)(3)(j)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

AIRWAY EQUIPMENT (continued)

Water soluble lubricant O.A.C. 4766-5-10(B)(3)(k)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Laryngoscope handle O.A.C. 4766-5-10(B)(3)(l)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Laryngoscope blades (curved & straight, sizes 0-1-2-3) O.A.C. 4766-5-10(B)(3)(m)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
End-tidal CO2 detector or capnometer O.A.C. 4766-5-10(B)(3)(n)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Supraglottic airways, age and size appropriate O.A.C. 4766-5-10(B)(3)(o)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Advanced airway procedure kit (as applicable) O.A.C. 4766-5-10(B)(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

DEFINITIVE EQUIPMENT

Approved Medications O.A.C. 4766-5-10(C)(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ECG monitor / defibrillator & appropriate pads:			
Adult (2) O.A.C. 4766-5-10(C)(2)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric (2) O.A.C. 4766-5-10(C)(2)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
External Pacemaker and pads O.A.C. 4766-5-10(C)(3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pulse oximeter:			
Adult O.A.C. 4766-5-10(C)(4)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric O.A.C. 4766-5-10(C)(4)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Doppler and gel O.A.C. 4766-5-10(C)(5)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Inverter for 110 V power source O.A.C. 4766-5-10(C)(6)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Spare batteries as appropriate for powered medical devices O.A.C. 4766-5-10(C)(7)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Ventilator appropriate to age and scope of care O.A.C. 4766-5-10(C)(8)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Medical infusion device(s) capable of infusing 3 medications O.A.C. 4766-5-10(C)(9)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

BLEEDING / BURN EQUIPMENT

Gauze pads O.A.C. 4766-5-10(D)(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sterile sponge pads O.A.C. 4766-5-10(D)(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Universal trauma dressings O.A.C. 4766-5-10(D)(3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Tourniquet (2) O.A.C. 4766-5-10 (D)(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

SUCTION EQUIPMENT

Wall mounted suction unit O.A.C. 4766-5-10(E)(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Portable suction unit (powered or hand operated) O.A.C. 4766-5-10(E)(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Hard tip suction O.A.C. 4766-5-10(E)(3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Soft tip suction catheters set:			
Adult O.A.C. 4766-5-10(E)(4)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric O.A.C. 4766-5-10(E)(4)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Suction tubing O.A.C. 4766-5-10(E)(5)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Suction bags (package) or equivalent O.A.C. 4766-5-10(E)(6)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
French suction catheter (sizes 5,6,7) O.A.C. 4766-5-10(E)(7)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sterile Gloves O.A.C. 4766-5-10(E)(8)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

OXYGEN EQUIPMENT

Main oxygen (M tank or greater) O.A.C. 4766-5-10(F)(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Wall mounted oxygen gauge 0-15 L / min (minimum) O.A.C. 4766-5-10(F)(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Compressed air as appropriate O.A.C. 4766-5-10(F)(3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Portable oxygen unit (D tank minimum) O.A.C. 4766-5-10(F)(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Portable variable flow regulator 0-15 L / min (minimum) O.A.C. 4766-5-10(F)(5)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Bag Valve Mask with reservoir (100% oxygen flow):			
Adult O.A.C. 4766-5-10(F)(6)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric O.A.C. 4766-5-10(F)(6)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Transparent oxygen masks, simple and non rebreather:			
Adult O.A.C. 4766-5-10(F)(7)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric O.A.C. 4766-5-10(F)(7)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

OXYGEN EQUIPMENT (continued)

Nasal cannulas:			
Adult O.A.C. 4766-5-10(F)(8)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric O.A.C. 4766-5-10(F)(8)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Oxygen connective tubing and appropriate adapters O.A.C. 4766-5-10(F)(9)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Oxygen humidifier / nebulizer and appropriate connecting tubing O.A.C. 4766-5-10(F)(10)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Infant bag valve mask O.A.C. 4766-5-10(F)(11)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Infant oxygen mask O.A.C. 4766-5-10(F)(12)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

ADJUNCT EQUIPMENT

Trauma Shears O.A.C. 4766-5-10(G)(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Stethoscope O.A.C. 4766-5-10(G)(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
B / P cuffs:			
Neonatal O.A.C. 4766-5-10(G)(3)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric O.A.C. 4766-5-10(G)(3)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adult O.A.C. 4766-5-10(G)(3)(c)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Large Adult O.A.C. 4766-5-10(G)(3)(d)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Penlight O.A.C. 4766-5-10(G)(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Flashlight O.A.C. 4766-5-10(G)(5)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Patient litter with three straps with shoulder restraints O.A.C. 4766-5-10(G)(6)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Patient hearing protection (rotor air ambulance only) O.A.C. 4766-5-10(G)(7)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Assorted Tape O.A.C. 4766-5-10(G)(8)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Exam gloves O.A.C. 4766-5-10(G)(9)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Obstetrical kit O.A.C. 4766-5-10(G)(10)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Nasogastric tubes:			
Adult sizes O.A.C. 4766-5-10(G)(11)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric sizes O.A.C. 4766-5-10(G)(11)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Patient restraints O.A.C. 4766-5-10(G)(12)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Hats for neonates O.A.C. 4766-5-10(G)(13)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Chemical warming mattress (if no isolette) O.A.C. 4766-5-10(G)(14)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pediatric restraining system, age and size appropriate O.A.C. 4766-5-10(G)(15)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

INTRAVENOUS EQUIPMENT

Alcohol or betadine preps O.A.C. 4766-5-10(H)(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IV administration sets O.A.C. 4766-5-10(H)(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IV Infusion pump tubing O.A.C. 4766-5-10(H)(2)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IV Catheters & butterfly needles (assorted sizes 24-14) O.A.C. 4766-5-10(H)(3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Intraosseous needles, age and size appropriate O.A.C. 4766-5-10(H)(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Needles (assorted sizes) O.A.C. 4766-5-10(H)(5)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IV solutions (per protocol) O.A.C. 4766-5-10(H)(6)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Associated adjunct equipment			
Invasive line set-up O.A.C. 4766-5-10(H)(7)(a)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pressure bags O.A.C. 4766-5-10(H)(7)(b)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Survival kit O.A.C. 4766-5-10(H)(7)(c)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A