



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

AIRCRAFT INSPECTION

Violations of a bolded field result in automatic re-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 re-inspection required?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

A. AIRCRAFT

.01 Insignia and/or monogram of the AMSO displayed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 FAA airworthiness certificate available	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 All permits required by EMS displayed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Survival kit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

B. ISOLATION EQUIPMENT

.01 Packaged isolation kits (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Isolation goggles and masks or mask/shield combo (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Isolation gowns (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Isolation gloves (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 High particulate filter washes (HEPA filter or N95 mask) (4) (assorted sizes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Containers (bags) for infectious medical waste (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Sharps container	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Disinfectant/germicidal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 Waterless hand cleaner	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

C. AIRWAY EQUIPMENT

.01 Oropharyngeal airway devices: adult, pediatric, and infant ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Nasopharyngeal airway devices: adult, pediatric, and infant ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Intubation equipment: adult, pediatric, and infant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Extra batteries and bulbs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Syringes, assorted sizes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Adult stylet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Pediatric stylet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Infant stylet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 Adult Magill forceps	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 Pediatric Magill forceps	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.11 Device appropriate clamp	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.12 Adult endotracheal tube set one each: cuffed 6.0, 7.0, 8.0	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.13 Pediatric/infant endotracheal tube set, one each: cuffed or uncuffed 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.14 Water soluble lubricant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

⁽¹⁾ Per Medical Protocol

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(C) AIRWAY EQUIPMENT (continued)

.15 Laryngoscope handle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.16 Laryngoscope blades (curved & straight, sizes 0-1-2-3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.17 End-tidal CO2 detector or capnometer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.18 Supraglottic airways, age and size appropriate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.19 Commercial ET tube securing device	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.20 Cricothyrotomy kit/set ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

(D) DEFINITIVE EQUIPMENT

.01 Approved medications ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 ECG monitor/defibrillator & appropriate pads:⁽²⁾			
.03 Adult (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Pediatric (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 External pacemaker and pads	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Pulse oximeter			
.07 Adult	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Pediatric	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 Doppler and gel	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 Inverter for 110 V power source	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.11 Spare batteries as appropriate for powered medical devices	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.12 Ventilator appropriate to age and scope of care	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.13 Medical infusion device(s) capable of infusing 3 medications	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

(E) BLEEDING / BURN EQUIPMENT

.01 Gauze pads	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Sterile sponge pads	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Universal trauma dressings	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Tourniquet (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

(F) SUCTION EQUIPMENT

.01 Wall mounted suction unit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Portable suction unit (powered or hand operated)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Hard tip suction	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Soft tip suction catheters set:			
.05 Adult	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Pediatric	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Suction tubing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Suction bags (package) or equivalent	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 French suction catheter (sizes 5,6,7)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 Sterile gloves	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

(G) MEDICAL GAS AND EQUIPMENT

.01 Main oxygen (M tank or equivalent) with current hydrostatic testing if applicable	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Wall mounted oxygen gauge 0-15 L/min (minimum)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 Compressed air ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 Portable oxygen unit (D tank minimum)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Portable variable flow regulator 0-15 L/min (minimum)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Bag valve mask with reservoir (100% oxygen flow):			
.07 Adult	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Pediatric	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

⁽¹⁾ Per Medical Protocol

⁽²⁾ Battery Tested and Has Up-To-Date Service Records

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G. MEDICAL GAS AND EQUIPMENT (continued)

.09 Transparent oxygen masks, simple and non-rebreather:			
.10 Adult	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.11 Pediatric	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.12 Nasal cannulas:			
.13 Adult	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.14 Pediatric	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.15 Oxygen connective tubing and appropriate adapters	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.16 Oxygen humidifier/nebulizer and appropriate connecting tubing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.17 Infant bag valve mask	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.18 Infant oxygen mask	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

H. ADJUNCT EQUIPMENT

.01 Trauma shears	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 Stethoscope	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 B/P cuffs:			
.04 Neonatal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Pediatric	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Adult	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 Large Adult	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Penlight	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 Flashlight	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.10 Patient litter with three straps with shoulder restraints	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.11 Patient hearing protection (rotor air ambulance only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.12 Assorted tape	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.13 Exam gloves	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.14 Obstetrical kit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.15 Nasogastric tubes:			
.16 Adult sizes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.17 Pediatric sizes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.18 Patient restraints	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.19 Hats for neonates (2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.20 Chemical warming mattress (if no isolette)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.21 Pediatric restraining system, age and size appropriate ⁽¹⁾	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

I. INTRAVENOUS EQUIPMENT

.01 Alcohol or betadine preps	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.02 IV administration sets	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.03 IV Infusion pump tubing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.04 IV Catheters & butterfly needles (assorted sizes 24-14)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.05 Intraosseous needles, age and size appropriate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.06 Needles (assorted sizes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.07 IV solutions (per protocol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.08 Invasive line set-up	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
.09 Pressure bags	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

⁽¹⁾ Per Medical Protocol