



AIR AMBULANCE VEHICLE INSPECTION REPORT



PROVIDER & VEHICLE INFORMATION

Inspection Date		Inspection Location		Inspection Type	<input type="checkbox"/> Permitting <input type="checkbox"/> Ramp <input type="checkbox"/> Spot	
Provider Name		System Affiliation		Assigned Aircraft #		
FAA N # / Tail #		Current Permit #	NC	VIPER ID #		VMN: <input type="checkbox"/> Yes <input type="checkbox"/> No
Aircraft Manufacturer		Year		Air Ambulance Type <input type="checkbox"/> Rotor <input type="checkbox"/> Fixed Wing		

Ramp Inspection Requires Mandatory Items – Spot Inspection Requires Full Inspection

Missing An Entire Mandatory Item May Result in Summary Suspension or Refusal of Permit; Missing More Than Two (2) Required Items May Result in Summary Suspension or Refusal of Permit.

MANDATORY ITEMS

Aircraft Body & Function (Patient & Crew Compartment)	Trauma/Arterial Tourniquet	Chest Decompression Needle (≥ 3" and ≥ 14ga.)
Appropriate Restraints for Crew & Non-Patient Passenger	Oxygen Cylinder with Regulator (2 Sources)	Surgical Cricothyrotomy Airway Kit (Required for DAI Only)
Internal Voice Communications (<i>Rotor Wing Only</i>)	Suction Apparatus (2 Sources)	
Two-Way Radio (For EMS Communications – Rotor Wing Only)	Stethoscope	Laryngoscope Handle with Extra Batteries & Bulb
Heating <i>AND</i> Cooling Source in Patient Compartment	Sphygmomanometer (Cuffs & Devices) for Pediatric, Normal Adult, and Large Adult	Laryngoscope Blades (3 Adult, 3 Pediatric Sizes)
Provider Name Displayed on Each Side		Endotracheal Tubes (3 Adult, 3 Pediatric Sizes)
Patient Compartment Lighting	Bag Valve Masks (Adult & Child Size Bags with Adult, Child, Infant, & Neonatal Masks)	Endotracheal Tube Stylets (Adult & Pediatric)
Mounted Fire Extinguisher		Endotracheal Tube Introducer (Adult & Pediatric)
Copy of Protocols (Printed or Electronic Format)	Blind Insertion Airway Devices (Adult & Pediatric Sizes)	Mechanical Ventilator
Patient Litter with Adjustable Head Elevation	Magill Forceps (Adult & Pediatric)	IV Infusion Pump
Survival Gear (Appropriate for Service Area & Number of Occupants)	IV Administration Set	
Monitor/Defibrillator/Pacemaker with 12 Lead Capability	IV Catheters (At Least 4 Various Sizes)	
Monitoring Electrodes (Adult & Pediatric)	Needles in Various Sizes (1 must be 1.5" for IM)	
Defibrillation Pads (Adult & Pediatric)	Syringes (At Least 3 Various Sizes)	
Waveform Capnography (ETCO ₂)	Intraosseous Device (At Least 2 Sizes)	

REQUIRED ITEMS

Nasal Administration Device	Burn Sheet	Thermometer (Low Temperature Capability)
Nasal Cannula (Adult & Pediatric)	Cold Packs	Hand Sanitizer
Non-Rebreather Mask with Tubing (Adult & Pediatric)	Dressings, Bandages, Roll Gauze	Disinfectant for Cleaning Equipment
Nebulizer (Mouthpiece/Mask)	Triangular Bandages (At Least 2)	Disposable Biohazard Trash Bags
Nasopharyngeal Airways (3 Adult, 3 Pediatric Sizes)	Heavy Duty Scissors	Infection Control Kit/PPE Kit
Oropharyngeal Airways (3 Adult, 3 Pediatric Sizes)	Occlusive Dressing or Chest Seal	Non-Latex Exam Gloves
Rigid Pharyngeal Suction Device	Adhesive Tape	Sharps Container (2 Sources)
Suction Catheters (One Between 6 & 10 Fr.)	Sterile Irrigation Solution	Exterior Cleanliness
Suction Catheters (One Between 12 & 16 Fr.)	Alcohol Wipes	Interior Cleanliness
Suction Tubing	Emesis Collection Device	Equipment Secured in Patient Compartment
Gastric Tubes	Pediatric Medication/Equipment System or Guide	Medications/Fluids Stored in Climate Controlled Environment
Glucose Measuring Device	Lubricating Jelly	
Pulse Oximeter (Adult & Pediatric)	Sterile OB Kit	
Pediatric Safety Restraint (To Restrain <40 lbs.)	Thermal Blanket/Heat Conserving Device	

REQUIRED MEDICATIONS

Acetaminophen or NSAID	Adenosine	Antiarrhythmic
Antiemetic	Aspirin	Atropine
Benzodiazepine	Beta-Agonists	Beta Blocker
Calcium Channel Blocker	Calcium Chloride OR Calcium Gluconate	Crystalloid Solution
Diphenhydramine	Epinephrine	Glucagon
Glucose Solution	Magnesium Sulfate	Naloxone
Narcotic Analgesic	Nitroglycerin	Sodium Bicarbonate
Steroid Preparation	Vasopressor	Paralytic (If Performing DAI)
Induction Agent (If Performing DAI)		

INSPECTION SUMMARY

Inspection Results	<input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Deficiencies Corrected During Inspection						
Inspection Action	<input type="checkbox"/> Permit Issued <input type="checkbox"/> Permit Refused <input type="checkbox"/> Permit Summarily Suspended						
Provider Representative							
Personnel 1 P-Number	P	<input type="checkbox"/> Paramedic	<input type="checkbox"/> AEMT	<input type="checkbox"/> EMT	<input type="checkbox"/> EMR	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other
Personnel 2 P-Number	P	<input type="checkbox"/> Paramedic	<input type="checkbox"/> AEMT	<input type="checkbox"/> EMT	<input type="checkbox"/> EMR	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other
NCOEMS Signature		Permit #	NC	Issue Date			