

SD EMS PROGRAM AMBULANCE INSPECTION FORM: **AIR SERVICE**

Ambulance Service: \_\_\_\_\_ Date: \_\_\_\_\_ Amb Rep: \_\_\_\_\_

Ambulance VIN: \_\_\_\_\_ Air Time: \_\_\_\_\_ (hrs) Inspector: \_\_\_\_\_

Tail Number: \_\_\_\_\_ Year: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Type:  Helicopter  Fixed Wing

Replacement:  Yes  No

Replacement Information: \_\_\_\_\_

**Aircraft**

- Aircraft doors accommodates patient on stretcher
- Battery-operated portable light
- Cabin lighting in patient area (fixed or portable) but shielded from pilot.
- Certificate of Airworthiness from FAA
- Equipment/Materials secured
- Interior height (30" patient upper torso to roof)
- Inverter (minimum of 300 watts & supply all electrical needs)  
Inverter must be sine wave inverters and supply all medical equip.
- Stretcher security and patient restraints

**Communication Equipment**

- Air-to-medical facility radio communications
- Satellite phones (optional)
- Trip Reports (to Dept monthly) on file

**Medical Equipment**

- Cardiac monitoring equipment
- Defibrillation equipment
- ET equipment & Supplies
- Two IV bottle/bag holders with straps
- IV equipment
- Manual suction
- Mouth-to-mask with O2 inlet i.e. pocket mask. This can be replaced with BVM masks (adult and child)
- Nasopharyngeal airways – one set
- O2 system (flow rate of 15 lpm for 30 minutes)
  - O2 tubing
  - O2 mask
  - Nasal cannula
- Oropharyngeal airways – six sizes from infant-adult
- Patient litter or stretcher
- Sphygmomanometer (adult, child, infant)
- Stethoscope
- Suction Aspirator

**Medications**

- Portable drug box (Drugs ordered by medical director)

**Personnel**

- Two licensed attendants (but NOT only two paramedics)  
Attendants could be: paramedic, RN, physician, nurse practitioner, PA, or registered respiratory therapist.
- Medical Director

**Ground ambulance for Air ambulance**

- Solely to transport the patient between acute care hospital facility to airport/aircraft
- Ground ambulances must meet all vehicle requirements in chapter 44:05:04

**Comments:**

Ambulance Representative: \_\_\_\_\_ Date: \_\_\_\_\_

State Representative: \_\_\_\_\_ Date: \_\_\_\_\_

