

**State of Nevada EMS Program Inspection Form  
AIRCRAFT UNIT**

Permit #	Agency Name						Level				
	Address					Litter Spaces	Unit #				
Year	Make	Type	Color	Tail #	Vin/Serial #	Insp. Date					
Type of Inspection: New    Regular    Corrective						Return to Service    Replacement of		Hours			
<b>Basic Life Support</b>											
<b>Airway/Ventilation</b>			Min.	Y/N	Cat.	<b>Dressing</b>			Min.	Y/N	Cat.
Fixed Oxygen (500 lbs. min.)			1		A	ABD- Trauma Dressings			1		A
Portable Oxygen (500 lbs. min.)			1		A	4x4's			10		A
O2Humidifier (Disposable) Fixed Wing			1		A	5x9's or equiv.			5		A
Adult Nasal Cannula			4		A	Triangular Bandage			2		B
Child & Infant Nasal Cannula **			2			Roller Gauze			4		A
Adult Non Rebreather Mask			4		A	Occlusive Dressing			2		A
Child Non Rebreather Mask			2		A	Burn Sheet/Pack			1		A
Infant Non Rebreather Mask **			2			Tape Hypoallergenic & Adhesive			2		B
Bag Valve Mask with O2 Reservoir Adult & Child			1		A	Survival/Thermal Blanket **			1		
						<b>Patient Assessment</b>					
OPA's Size 0-5 / equiv.			1		A	Adult BP Cuff			1		A
NPA's 16F-34F / equiv.			1		A	Child BP Cuff			1		A
Fixed Suction			1		A	Infant BP Cuff			1		A
Portable Suction / Battery operated			1		A	Adult Stethoscope			1		A
Bulb Syringe not in OB Kit			1		B	Pediatric Stethoscope **			1		
Tonsillar Tip & Suction Tubing			2		A	Pen Flashlight			1		B
Flexible Suction Cath.W/ airflow ctrl			2		B	Thermometer			1		B
<b>Immobilization Devices</b>						Pulse Ox with Adult & Pedi Probes **			1		
Ked or equiv.			1		B						
						<b>Obstetrical</b>					
C-Collars ( Adult-Tall,Reg,No-Neck Short,Pedi, No-Neck or Adjustable)			2ea		A	Obstetrical Kit (Sterile)			1		A
Adult Traction Splint			1		A	Infant Swaddler			1		B
Pedi Traction Splint **			1			Broselow Tape or equiv.			1		A
Head Immobilizers			1		A	Meconium Aspirator **			1		
Splints for Extremities / Arm & Leg			2ea		B	Infant Warming Device **			1		
<b>Miscellaneous Items</b>											
Personal Protection Equip.			2		A	Hemostatic agent **			1		
Drinking Water, 1000 ml **			1			Hot & Cold Packs			2		B
Urinal (fixed wing)			1		B	Trauma Scissors			1		A
Bed Pan with Tissues (fixed wing)			1		B	Chem Strips / Glucometer **			1		
Sharps Container			1		A	Tourniquet			1		B
Emesis Basin / Bags			2		B	Supply of clean linen			2		A

				Unit #			
ALS EQUIPMENT	Min.	Y/N	Cat.	ALS EQUIPMENT	Min.	Y/N	Cat.
IV Administration Sets Macro	2		A	Monitor/Defibrillator-Adult and Pedi Pads	1		A
IV Administration Sets Mini	2		A	End Tidal CO2 Detector	2		B
Buretrol or equiv.	1		A	Chest Decompression Kit	1		A
Syringes, TB w/ Needle,3, 10, 60cc	2ea		A	Needle Cricothyroidotomy Kit	1		A
IV Catheters Various Sizes	2ea		A	Nasogastric Tubes Various Sizes	2ea		B
IO Needles # 15 or 18 Gauge	2ea		A	IM needles	2		B
Adult & Pedi Stylet	2ea		A				
Endotracheal Tubes 2.5 - 8.0	2ea		A	<b>FLUIDS</b>			
Endotracheal Intubation Kit	1		A	Normal Saline 1000cc	4		A
Supraglottic Airway Device	1		A	Lactated Ringers **	2		
Magill Forceps	1		A	Dextrose 5% Water **	2		
Nebulizers	2		A				
Syringes Various Sizes	2ea		A				
<b>MEDICATIONS BASED ON AGENCY PROTOCOLS AND SERVICE LEVEL</b>							
Acetaminophen / Tylenol				Ketorolac/ Toradol			
Activated Charcoal				Levalbuterol/ Xopenex			
Adenosine / Adenocard				Levophed/ Norepinephrine			
Albuterol / Proventil				Lidocaine			
Amiodarone / Cardarone				Lidocaine Gel			
Aspirin				Lidocaine Pre-Mix Bag			
Atropine Sulfate				Lorazepam/ Ativan			
Atrovent / Ipratropium Bromide				Magnesium Sulfate			
Calcium Chloride				Midazolam / Versed			
Cyanide Antidote Kit				Morphine Sulfate			
Dextrose				Naloxone / Narcan			
Diazepam/Valium				Neo-Synephrine or Equivalent			
Diltiazem/ Cardizem				Nitroglycerin			
Diphenhydramine / Benadryl				Nitroglycerin Drip			
Dobutamine				Nitrous Oxide / Nitronox			
Dopamine / Intropin				Ondansetron/ Zofran			
DuoDote				Oxymetazoline/ Afrin			
Epinephrine 1:10,000				Oxytocin /Pitocin			
Epinephrine 1:1000				Promethazine / Phenergan			
Epinephrine auto Inj adult/pedi				Racemic Epi			
Fentanyl/ Sublimaze				Sodium Bicarb 8.4%			
Flumazenil/ Ramazon				Solu-mederal			
Furosemide / Lasix				Terbutaline			
Glucagon				Tetracaine or Equivalent			
Glucose Paste				Tetracaine or Equivalent			
Haloperidol / Haldol				Vasopressin/ Pitressin			
Hydromorphone/ Dilaudid							
Ketamine				Paralytic Medications			

“Medication list is different for each agency based off of approved protocols. All medications approved for your agency must be stocked appropriately and be within expiration date. All violations of medications are considered to be a Category A “

N/A = Not Applicable

\*\* = Optional Equipment

Unit #

OPERATIONAL STANDARDS								
Meet Standards / Working	Y	N	Cat.	Meet Standards / Working	Y	N	Cat.	
Pt Sled w/ 3 Straps			A	Fire Extinguisher FAA Approved			A	
Interior Lights Operational			A	Hospital Radio Operational			A	
Medical Equipment Stored / secured			A	Name Printed on Both Sides				
Heater Operational			A	of Aircraft			A	
Air Conditional Operational			A	Copy of Protocols			B	
Inverter Operational **				Disinfectant Solution			B	
Interior Clean & Sanitized			A	Interior Clean & Sanitized			A	
Equipment Clean & Sanitized			A					
Medications Stored for Climate Control			A					
Controlled Medications Stored in Locked Cabinet or Under Direct Control of Appropriate Licensed Pro			A					
Controlled Substances Record of usage inventory Issued by Service compliant with NAC 450B.481			A					
Flashlight			B					
Hand Sanitizer			B					
Current Hazardous Materials Guide **								

**ALL VIOLATIONS MUST BE CORRECTED AS OUTLINED BELOW**

**Violations in Category "A"** All Category "A" supplies of any item are missing this requires the unit be immediately removed from service. The unit must be re-inspected and found in compliance with the Nevada Administrative Code 450B. If less than all category "A" supplies of any item are missing the item shall be treated as a category "B" item.

**Violations in category "B"** must be corrected with a written report to the Division of Public & Behavioral Health Emergency Medical Systems program regional office within 72 hours. Failure to comply with this notice may result in suspension of your permit or removal of the unit from service.

Comments :

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This Unit **DOES / DOES NOT** comply with the Emergency Medical Systems Regulations of The Division of Public & Behavioral Health.



THIS UNIT IS HEREBY REMOVED FROM SERVICE UNTIL SUCH TIME THAT IT OBTAINS A SATISFACTORY INSPECTION

Date:	Inspected By:	Acknowledged By:
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