Regional EMS Council: Regional EMS Council: Harden of Inspector(s): Critical Criteria for Out-of Service (OOS) consideration (non-inclusive List) - Contact BEMS to place vehicle OOS O=Other - include a note if using other Equipment/Supplies VERIFIED DEFICIENT* CORRECTED NOTES Lights Interior for close observation of patient Interior for close observation of patient Interior	Name of EMS Agency:				
Serial # : Model: Date Inspected: B = Broken Regional EMS Council: B = Broken Name of Inspector(s): E = Expired Critical Criteria for Out-of Service (OOS) consideration (non-inclusive List) - Contact BEMS to place vehicle OOS O=Other - include a note if using other Periphysical EMS council: VERIFIED DEFICIENT* CORRECTED NOTES Lights Interior for close observation of patient Exterior lighting for tail rotor and controllable Interior for Core observation of patient Interior for close observation of patient Interior of Core observation of patient Interior of Core observation of patient Interior of Core observation of patient Interior of close observation of patient Interior of core observation of patient Interior observation observation of patient Int	Dominant Lettering (as displayed on rotorcraft):				
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10 Fr. suction catheter or 12 Fr. suction catheter (2)					
		1			
	14 Fr. suction catheter or 16 Fr. suction catheter (2)				

	VERIFIED	DEFICIENT *	CORRECTED	NOTES
Oropharyngeal airways (6 different sizes)		-		
Size 0 (1)				
Size 1 (1)				
Size 2 (1)				
Size 3 (1)				
Size 4 (1)				
Size 5 (1)				
Nasopharyngeal (5 different sizes)				
Size 16 (1)				
Size 24 (1)				
Size 26 (1)				
Size 32 (1)				
Size 34 (1)				
Lubrication (2cc or larger tube, sterile water soluble) (2)				
Non-sparking wrench/tank opening device (1)				
Portable oxygen with a min capacity of 1800 liters (1)				
Full Spare O2 cylinder (1) with at least 300 liters capacity (1)				
Adult nasal cannula (1)				
Pediatric nasal cannula (1)				
Adult high concentration mask (1)				
Pediatric high concentration mask (1)				
Infant high concentration mask (1)				
Adult Bag-Valve-Mask device (700cc) (1)				
Adult mask (1)				
Pediatric Bag-Valve-Mask device (450cc) (1)				
Child mask (1)				
Infant mask (1)				
Neonatal mask (1)				
Sphygmomanometer(interchangeable gauges are permitted)				
Child cuff (1)				
Adult cuff (1)				
Thigh (Large) cuff (1)				
Adult stethoscope (1) Pediatric stethoscope (1) OR (1) double bell with adult and				
pediatric stetnoscope (1) OR (1) double bell with adult and pediatric bell				
Penlight (1) Occlusive (3" x 4") (4)				
Sterile Gauze Pads (4" x 4") (25)				
Soft self-adhering (6 rolls) Sterile burn sheets (4' x 4') (2)				
Adhesive tape (4 rolls assorted, 1 must be hypoallergenic)				
Bandage shears (1)				
Pediatric Safe Transport Device (btwn 10 and 99lbs)				
Commercial "Tactical" tourniquet (2)				

	VERIFIED	DEFICIENT *	CORRECTED	NOTES
Neck Immobilizers		DEITOLEITT	CONNECTED	
Small or multi-size (1)				
Med or multi-size (1)				
Large or multi-size (1)				
Pediatric (1)				
Pelvic stabilization device (1)				
Pediatric equipment/dosing sizing tape (Current) (1)				
Sterile water/Normal saline - 2 Liters				
Cold packs, chemical (4)				
Heat packs, chemical (4)				
Sterile OB kit (1)				
Separate bulb syringe, sterile (1)				
Thermal blanket/silver swaddle OR roll of sterile aluminum				
foil (1)				
Emergency jump kit (1)				
Thermometer, electronic digital non-tympanic (1)				
CPAP or BiPAP Ventilation - portable equipment with (2)				
disp. masks				
Pulse oximetry				
Appropriate patient coverings				
Endotracheal Tubes:(sterile & individually wrapped)				
2.5 mm or 3.0 mm (uncuffed) (2)				
3.5 mm or 4.0 mm (uncuffed) (2)				
4.5 mm or 5.0 mm (2)				
5.5 mm or 6.0 mm (2)				
6.5 mm or 7.0 mm (2)				
7.5 mm or 8.0 mm (2)				
Laryngoscope and blades				
Handle with Batteries (1)				
OR Disposable Handle with power source (2)				
Spare Batteries and Bulbs (excludes disposable)				
Straight # 1 (1)				
Straight # 2 (1)				
Straight # 3 (1)				
Curved # 3 (1)				
Curved # 4 (1)				
Stylette - malleable, sterile, adult (1) Forceps, Magill, adult (1)				
Forceps, Magill, pediatric (1)				
Non-surgical alternative/rescue airways - either (3) King LT				
(size 3,4,5) OR (2) Combitube (37Fr and 41Fr) OR (3) i-gel				
(size 3, 4, 5)				
Portable transport ventilator (1). Capabilities must include but				
not limited to controlling rate, volume, FiO2 (up to 100%), ie.				
ratio, PEEP, and has volume control, pressure control, SIMV				
and NPPV modes. Device must have both volume and				
pressure modes and low/high pressure warning alarms.				
Portable transport ventilator circuits, size appropriate (2)				
Bougie endotracheal tube introducer (1)				
Endotracheal cuff pressure manometer (1)	1			
	1			<u> </u>

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Video capable laryngoscope with appropriate blades(1)				
Nebulizer system (1)				
Electronic glucose meter (1)				
IV Therapy Supplies				
14 gauge (4)				
16 gauge (4)				
18 gauge (4)				
20 gauge (4)				
22 gauge (4)				
24 gauge (2)				
IV Administration Supplies				
Microdrip (50-60 drops/ml) (2)				
Macrodrip (10-20 drops/ml) (2)				
Tourniquets for IV Use (2)				
Intravenous infusion pumps (3), OR (1) multi-channel unit				
capable of managing (3) simultaneous infusions				
IV Solutions (2,000 ml total) (Crystalloids NNS or another salt				
solution)				
Hypodermic Needles and Syringes (sterile & individually				
wrapped)				
16-18 gauge (4)				
20-22 gauge (4)				
23-25 gauge (4)				
Syringes (2 with at least one being 1 mL volume)				
Intraosseous (pediatric, adult, large adult)				
3 1/4" over the needle catheter: 10, 12 or 14 gauge (2)				
Medications and Supplies:	•	•		
Adenosine				
Alcohol prep pad				
Aspirin, Oral				
Atropine sulfate				
Benzodiazepines (at least one):				
DiazePAM				
LORazepam				
Midazolam				
Bronchodilators (Albuterol or Albuterol Ipratropium				
Bromide)				
Dextrose (concentration between 10% - 50%)				
DiphenhydrAMINE HCI				
EPINEPHrine (1:1,000)				
EPINEPHrine (1:10,000)				
Glucagon				
Instant Glucose (45 grams-40% dextrose-d-glucose gel)				
or (food grade substitute)				
Lidocaine HCI				
Naloxone				
Narcotic Analgesics (at least one):				
FentaNYL				
Morphine Sulfate				
Nitroglycerine, Sublingual				
Sodium Bicarbonate				

	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Optional ALS Medications per PA Protocols				
Amiodarone				
Anticonvulsants				
Benzocaine, topical				
Blood/Blood by-product (as authorized and credentialed by				
agency medical director and verified by regional EMS				
council)				
Blood Administration Set (2) only if agency initiates blood				
products				
Calcium Chloride/calcium gluconate				
Captopril or Enalapril				
ceFAZolin (as authorized and credentialed by agency				
medical director) - (Antimicrobial)				
Crystalloid Hypertonic Solutions (with agency medical				
director approval and appropriate staffing)				
Crystalloid Isotonic Solutions				
dexAMETHasone				
dilTIAZem				
DOPAmine or DOBUTamine				
droPERidol				
Enalapril				
Etomidate (verified by regional EMS council and				
credentialed by agency medical director)				
Hydroxocobalamine				
Ketamine (verified by regional EMS council and credentialed				
by agency medical director)				
Levalbuterol				
Magnesium Sulfate				
methyIPREDNISolone				
Norepinephrine				
Oxytocin				
Procainamide				
Sodium Thiosulfate Terbutaline				
Tetracaine, topical, ophthlamic				
Tranexamic Acid (TXA)				
Verapamil				
Defibrillator/Monitor				
12 Lead capable, immediate transmit capabilities &				
paper printout				
Adult defibrillator pads (1)				
Pediatric defibrillator pads (1)				
Electrodes, ECG - (adult) (12)				
Electrodes, ECG - (pediatric) (12)				
Electronic waveform capnography, intubated patient (1)				
Electronic waveform capnography, non-intubated patient (1)				
Invasive pressure monitoring, electronic waveform, two				
channel capability (1)				

	VERIFIED	DEFICIENT *	CORRECTED	NOTES	
PERSONAL PROTECTIVE EQUIPMENT					
Survival Bag (1)					
PERSONAL INFECTION CONTROL KIT (1 per crew)					
Eye protection - clear & disposable					
Face mask					
Exam gloves					
N-95 respirator mask					
Red bags, per infection control plan					
Sharps container, per infection control plan, secured					
Hand disinfectant/cleaner, non-water (1 container)	N/FO	110	N1/A	NOTEO	
Administration	YES	NO	N/A	NOTES	
Were deficiencies found for this rotorcraft?					
Is a reinspection required? Digital images captured?					
Rotorcraft placed out of service? (Yes, complete bottom of					
form)					
	<u> </u>				
Printed Name of Inspector:					
Inspector Signature: Date:					
Printed Name of Agency Representative:					
Agency Representative Signature:		Date:			
Rotorcraft Placed Out of Service					
Date:					
Bureau Staff who authorized removal from service:					
Out of Service Decal secured on vehicle: Ves No					
Name of Person securing Out of Service Decal:					
Rotorcraft Authorized to Return to Service					
Date:					
Bureau Staff who authorized return to service:					
Out of Service Decal removed from vehicle: Ves	No				
Name of Person removing Out of Service Decal:					