



# CHECKLIST FOR AIR AMBULANCE

State Form 53301 (6-07)

INDIANA DEPARTMENT OF HOMELAND SECURITY

## AIRCRAFT INFORMATION

Provider type: <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Fixed wing			
Name of provider		Provider certification number	Date (month, day, year)
Aircraft certification number	Tail number of aircraft	Serial number of aircraft	Type of aircraft

## AIRCRAFT INTEGRITY

Searchlight	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient loading door	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communications system, including IHERN or UHF medical channel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unobstructed vertical space at the head and thorax area of litter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intercommunications system	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secured litter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical system for support of ancillary equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient compartment lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient compartment temperature regulation system	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PATIENT CARE EQUIPMENT

Portable suction <i>(if fixed wing, suction can be fixed suction unit)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood pressure manometer, one (1) each in the following sizes: <input type="checkbox"/> Large adult <input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oropharyngeal airways <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stethoscope in adult size	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nasopharyngeal airways <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wound care supplies to include the following <input type="checkbox"/> Sterile gauze pads 4" x 4" <input type="checkbox"/> Airtight dressing <input type="checkbox"/> Adhesive tape, two (2) rolls <input type="checkbox"/> Bandage shears	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bag mask ventilation units, one (1) each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <i>(mask only)</i> <input type="checkbox"/> Neonatal <i>(mask only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rigid extrication collars, two (2) each capable of pediatric, small, medium, and large.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portable oxygen equipment of at least three hundred (300) liters capacity with yoke, medical regulator, pressure gauge, and nondependent flowmeter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Portable defibrillator with self-contained cardiac monitor and ECG strip writer, pads	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oxygen delivery devices shall include the following <input type="checkbox"/> High concentration devices, two (2) each, adult, child, and infant sizes. <input type="checkbox"/> Low concentration devices, two (2) in adult size.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Endotracheal intubation devices <i>(blades, ET tubes two (2) @ sized 3-9, batteries, bulbs)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Medications, fluids, administration sets, syringes, needles as required by MD.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## COMMENTS

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Signature of provider representative	Date (month, day, year)
Signature of district manager	Date (month, day, year)