



STATE OF HAWAII
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES & INJURY PREVENTION SYSTEM BRANCH
LEAHI HOSPITAL, TROTTER BASEMENT
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In reply, please refer to:
File:

AEROMEDICAL SERVICE INSPECTION

Aeromedical Service Licensee: _____

Aeromedical Service Address: _____

FAA Certificate No.: _____ Aircraft Serial No.: _____

Aircraft Mfg.: _____ Aircraft Model & Year: _____

Unit Designation / Call Sign: _____

Unit Site / Station: _____

Inspection Date: _____ Time: _____

Inspection Site: _____

Service Level: ALS _____ BLS _____ Primary _____ Back-Up _____

Initial Licensure Inspection: _____ Re-licensure Inspection: _____

Deficiency Survey Inspection: _____

Licensure Representative Present: Yes No

Licensee Representative: _____

Inspection Officer: _____
Signature

MINIMUM SPECIFICATIONS FOR AEROMEDICAL SERVICES

1. Operational 24 hours daily, weather permitting Y___ N___
2. Physician available (by radio or telephone acceptable) Y___ N___
3. Pilot/crew, medical crew available 24 hours daily (on-call acceptable) Y___ N___
4. Current manual listing:
 - A. Medical attendant Y___ N___
 - B. Flight crew responsibilities to the patient Y___ N___
 - C. Other personnel & assigned responsibilities Y___ N___
 - D. Procedures for handling of patients Y___ N___
 - E. Emergency procedures Y___ N___
5. Physician Medical Director available Y___ N___
Name: _____
6. Insurance minimum \$300,000 and min. \$75,000 per seat above normal air taxi liability requirement Y___ N___
7. Interior lighting adequate for anticipated medical requirements Y___ N___
8. Permanently installed oxygen supply with:
 - A. Tank storage, 1,500 liter min. Y___ N___
 - B. Regulator, one-stage, with delivery rate of 1-15L/Minute Y___ N___
 - C. Positive pressure Elder valve type with flow meter Y___ N___
 - D. Item C visible/accessible to attendant seated at the head of the stretcher Y___ N___
 - E. Disposable oxygen mask
 - Adult 2ea. Y___ N___
 - Pedi. 2ea. Y___ N___

MINIMUM SPECIFICATIONS FOR AEROMEDICAL SERVICES

- F. Disposable nasal cannula
- Adult 2ea. Y___ N___
- Pedi. 2ea. Y___ N___
9. Litter requirements:
- A. Can be loaded without rotating more than 30 degrees longitudinal or 45 degrees lateral Y___ N___
- B. Can be carried in a horizontal position Y___ N___
- C. Located with upper surface not less than 27" from ceiling, nor less than 30" from under surface of any other litter Y___ N___
- D. Located to provide access to the patient's upper body Y___ N___
- E. Does not obstruct the pilot's vision or obstruct the crew's performance Y___ N___
- F. Cot: Semi-reclining and secured to aircraft frame (FAA Approved) Y___ N___
- G. FAA approved restraining devices to prevent dislodgement of the patient Y___ N___
10. Flashlight w/ spare batteries, D size Y___ N___
11. MAST garment, 3 compartments
- Adult, 1ea. Y___ N___
- Pedi., 1ea. Y___ N___
12. Oxygen, supply sufficient for not less than 10L/Min. for 20 minutes Y___ N___
13. Blankets, 2ea. Y___ N___
14. Bag-valve-mask w/ oxygen reservoir
- Adult, 1ea. Y___ N___
- Pedi., 1ea. Y___ N___
15. Tissue, disposable, 1box Y___ N___
16. Container for emesis, 2ea. Y___ N___

MINIMUM SPECIFICATIONS FOR AEROMEDICAL SERVICES

17. Bedpan/urinal, 1ea. Y___ N___
18. Sphygmomanometer:
- Adult, regular, 1ea. Y___ N___
 - Adult, extra large, 1ea. Y___ N___
 - Pedi., 1ea. Y___ N___
 - Stethoscope Y___ N___
19. Suction, portable, battery operated Y___ N___
with:
- Rigid pharyngeal suction tip, 1ea. Y___ N___
 - Wide bore tubing, 1ea. Y___ N___
 - Suction catheters, 5,10,14,18Fr 1ea. Y___ N___
20. Obstetrical kit: (commercial ok) 1ea. Y___ N___
- Drapes, sterile, 2ea.
 - Receiving blanket, sterile, 2ea.
 - Gloves, latex, sterile, 2pr.
 - Pad, gauze, sterile, 4x4, 6ea.
 - Napkins, sanitary, sterile, 3ea.
 - Bulb syringe, infant, sterile, 1ea.
 - Scissors, sterile, 1pr.
 - Container, clean, 1ea.
21. Trauma supplies:
- A. Normal saline irrigation, Y___ N___
1,000cc, 1ea.
 - B. Gauze pads, sterile, 4x4, 24ea. Y___ N___
 - C. Tape, 1" & 2", 1ea. Y___ N___
 - D. Mouth gags, 2ea. Y___ N___
 - E. Bandage scissors, 5" or larger Y___ N___
1ea.
 - F. Gauze rolls, 1",2",3",4" wide, Y___ N___
2ea.
 - G. Thermometers, oral & rectal, 1ea. Y___ N___
22. All medical equipment properly Y___ N___
secured on unit
23. Storage of medical supplies and Y___ N___
equipment kept in a appropriate area

MINIMUM SPECIFICATIONS FOR AEROMEDICAL SERVICES - ALS

1. ALS Drugs:

-Albuterol inhaler, 2ea. 0.9 metered dose	Y___	N___
-Aminophylline, 2ea. 250mg/10ml	Y___	N___
-Atropine, 2ea. 1mg/10ml	Y___	N___
-Benadryl, 2ea. 50mg/1ml	Y___	N___
-Bretylum Tosylate, 2ea. 500mg/10ml	Y___	N___
-Calcium Chloride, 2ea. 1Gm/10ml	Y___	N___
-Decadron, 2ea. 20mg/2ml	Y___	N___
-Dextrose 50%, 2ea. 25Gm/50ml	Y___	N___
-Dopamine, 2ea. 200mg/5ml	Y___	N___
-Epinephrine 1:1,000, 2ea. 1mg/1ml	Y___	N___
-Epinephrine 1:10,000, 2ea. 1mg/10ml	Y___	N___
-Glucagon, 1ea. 1mg/1ml	Y___	N___
-Isuprel, 1ea. 1mg/5ml	Y___	N___
-Isuprel, 1ea. 0.2mg/1ml	Y___	N___
-Lasix, 2ea. 20mg/2ml	Y___	N___
-Levophed, 1ea. 2mg/4ml	Y___	N___
-Lidocaine 1%, 2ea. 100mg/5ml	Y___	N___

MINIMUM SPECIFICATIONS FOR AEROMEDICAL SERVICES - ALS

2. I.V. Supplies:

-I.V. Catheters, 4 of ea. Y___ N___

#12, #14, #16, #18, #20, #22

-Scalp Vein Needles, 2 of ea. Y___ N___

#19, #21, #23, #25

-Arm Boards, 2 of ea. Y___ N___

Long and Short

-Syringes:

50cc w/ Adapter Tip, 1ea. Y___ N___

50cc w/ Luer Lock Tip, 1ea. Y___ N___

12cc w/ #21ga needle, 2ea. Y___ N___

1cc Tuberculin w/ needle, 4ea. Y___ N___

6cc, 2ea. Y___ N___

3cc, 2ea. Y___ N___

-Needles:

#18ga x 1-1/2", 2ea. Y___ N___

#22ga x 1-1/2", 2ea. Y___ N___

#25ga x 5/8", 2ea. Y___ N___

#18ga x 3-1/2", 2ea. Y___ N___

-Vacutainers, 4ea. Y___ N___

-Blood Glucose Test Kit, 1ea. Y___ N___

-Tourniquet, 2ea. Y___ N___

-Tape, Plastic or Adhesive, 1 of ea. Y___ N___

1/2", 1"

-Prep Razor, 1ea. Y___ N___

3. Laryngoscope Set (Equipment & Supplies):

-Handle, 1ea. Y___ N___

-Blades, 1 of ea. Y___ N___

#1, #2, #3, #4

-Endotracheal Tubes, 1 of ea. Y___ N___

#2.5, #3, #3.5, #4, #4.5, #5, #5.5,

#6, #7, #8, #9

-Clamps, 1 of ea. Y___ N___

McGill and Kelly

4. I.V. Pressure Infuser Y___ N___

MINIMUM SPECIFICATIONS FOR AEROMEDICAL SERVICES - ALS

- 5. Cardiac Monitor/Defibrillator Y___ N___
Portable and Battery Operated:
 - Gel Pad Set, 1 of ea. Y___ N___
Adult and Pedi.
 - Defibrillation Pad Set, 1ea. Y___ N___
 - 3 Lead cable Y___ N___
 - 12 Lead cable Y___ N___
- 6. Extra Drugs, 1 ea. of #1 List Y___ N___

Remarks: _____

