



Utah Advanced Air Ambulance v.7/2024

Name of Agency:
Agency License or Designation Number:
Inspector 1:
Inspector 2:
Is this vehicle currently listed in your ImageTrend Agency License?
Date of inspection:
Type of inspection:

Aircraft Information

Table with columns for Aircraft tail Number, VIN Number, Year of Aircraft, Active Aircraft or Reserve, Type of Inspection, and Monitor Serial Number.

Equipment on this list may be stored on the aircraft or carried on individual persons as required by agency policy.
KEY:
P: Passed
W: Waiver
N/C: Non Compliant
NA: Not Applicable

General Equipment

Table listing general equipment for Vehicle 1 and Vehicle 2, including FAA approved Patient litter, Emetics basin, Flashlight, Restraints, Crew biohazard protection, Hand cleaner, Bandage scissors, Temperature and ventilation system, Overhead lighting, Patient isolation, No smoking signs, Substance lockup system, Survival gear, Patient linens, and Sound Suppressors.

Airway Equipment

Table listing airway equipment for Vehicle 1 and Vehicle 2, including Suction apparatus, Bag valve mask, Non-rebreather masks, Nasal cannulas, Portable oxygen tank, Laryngoscope, Endotracheal tubes, Gastric tubes, ETCO2 detection device, and various devices for securing tubes and oral airways.

Cardiac & Vital Sign Equipment

Table listing cardiac and vital sign equipment for Vehicle 1 and Vehicle 2, including Spare ECG Electrodes, ECG recording paper, Cardiac monitor, SPO2 Waveform, Doppler device, Stethoscopes, Blood pressure cuffs, Thermometer, and Glucose monitoring device.

Trauma Equipment & Supplies

Table listing trauma equipment and supplies for Vehicle 1 and Vehicle 2, including adhesive tape, Sterile dressing pads, Bandages, Occlusive sterile dressings, Non-Sterile gloves, Splints, Traction splint, Commercial tourniquets, Cervical collars, and Cervical collar equivalent.

Required to carry at least one spinal motion restriction device for patient movement.

Table listing required spinal motion restriction devices: Spinal Board, Full body vacuum splint, and Scoop Device.

IV Supplies

Table listing IV supplies for Vehicle 1 and Vehicle 2, including Alcohol and Povidone-iodophor preps, Over-the-needle catheters, Sterile Blood administration sets, IV Pressure bags, IV tubing, Syringes, Needsles, Foley catheter set, Kelly clamp, Nasal gastric tubes, Pick-up forceps, and Portable IV pump apparatus.

Medication Requirements (exact medication to be determined by each agency's medical director)

Table listing medication requirements: 50-100cc mixing solutions for Parenteral Medications and 30cc Normal Saline & 3-10cc of sterile water.

3 liters IV Fluids	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Adenosine	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-Cholinergic (Ex: Atropine)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Calcium Chloride/Gluconate	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Hypoglycemic Antidote (Ex: D50W)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anticonvulsant (Ex: Phenytoin, Diazepam, Lorazepam, Phenybarbital)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Calcium Channel Blocker	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Benzodiazepam (Ex: Valium)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Antihistamine	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Alpha/Beta Agonist	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Induction Sedative for R.S.I	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Diuretic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Antiarrhythmics to cover ACLS algorithms for tachydyrhythmias, bradydyrhythmias, asystole (Ex: Lidocaine, Magnesium Sulfate, Procainamide, Atropine Sulfate)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Analgesic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Beta Blocker	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-hypertensive (Ex: Nitroprusside, Metoprolol)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Narcotic Antagonist	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-emetic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Sodium Bicarbonate	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Systemic Corticosteroid Agent	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Inhaled Bronchodilator (Ex: Albuterol)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Anti-anginal / Vasodilator (Ex: Nitroglycerin)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Platelet-Aggregation Inhibitor (Ex: Aspirin)	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Heparin	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA
Antibiotic	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> N/C <input type="checkbox"/> NA