



Utah Specialized Obstetrical Air Ambulance v. 7/2024 Equipment Checklist

Name of Agency:

Agency License or Designation Number:

(All Agencies' Self Inspections require two licensed personnel to complete an inspection per vehicle)

Inspector 1:

Inspector 2:

Is this vehicle currently listed in your ImageTrend Agency License? ☐ Yes ☐ No ☐ Unknown

Date of Inspection:

Type of Inspection: ☐ Self Inspection ☐ New Vehicle

Vehicle Information

	Vehicle 1	Vehicle 2
Aircraft tail Number		
VIN Number		
Year of Aircraft		
Active Aircraft or Reserve	<input type="checkbox"/> Active <input type="checkbox"/> Reserve	<input type="checkbox"/> Active <input type="checkbox"/> Reserve
Type of Inspection (Annual, or New Aircraft)	<input type="checkbox"/> Annual <input type="checkbox"/> New Vehicle	<input type="checkbox"/> Annual <input type="checkbox"/> New Vehicle
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

Proper quantity & all equipment and supplies within expiration dates.

W: Waiver

Requires Bureau of Emergency Medical Services and Preparedness approval.

N/C: Non Compliant

Missing, damaged, or expired equipment and medications or insufficient quantity of supplies.

NA: Not Applicable

*Not a required item or for medications that have alternative options.

General Equipment and Patient Care Area		
	Vehicle 1	Vehicle 2
1 FAA approved patient litter or stretcher with restraints	<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
1 Set patient linen	<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
1 Emesis basin or bag	<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
3 Sets crew biohazard protection (i.e. goggles, gloves, masks)	<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
1 Waterless hand cleaner	<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
Temperature and ventilation system for the patient treatment area	<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
Overhead or dome lighting of at least 40-foot candle at the patient level	<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
Sufficient patient isolated from the cockpit to minimize in-flight distractions and interference with flight safety	<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
"No smoking" signs shall be prominently displayed inside	<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
Survival gear appropriate to service area and number of occupants	<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

Configured in such a way that allows patient airway maintenance and adequate ventilatory support from the secured, seat-belted position	<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
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Airway Equipment

1 Bulb syringe	<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
2 Suction apparatus with wide bore tubing and rigid pharyngeal suction tip, one must be portable.	<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
2 Suction catheters, 6, 8, or 10	<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
3 Self-inflating resuscitation bags & masks with one preemie, one newborn, & one adult.	<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
1 Pressure manometer for resuscitation bag.	<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
1 Portable oxygen tank with a regulator capable of metered flow and capable of delivering oxygen at a rate of 15 lpm	<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
1 Laryngoscope, with curved & straight blades in various sizes for adult, pediatric, & neonatal; spare batteries & bulb	<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
1 each Endotracheal tubes, sizes 7.5, 7.0, 6.5, 6.0, 5.5, 5.0, 4.5, 4, 3.5, 3.0, 2.5, & 2.0	<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
1 Device for securing the endotracheal tube.	<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
2 Stylets, adult & pediatric sizes	<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
1 Magill forceps - adult	<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
2 Christmas tree O2 adaptor	<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
2 End Tittle CO2 monitor	<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
2 each Infant feeding tubes, #6 and #8 french	<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
Supraglottic airways – adult sizes	<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
Supraglottic airways – pediatric sizes	<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

Cardiac & Vital Sign Equipment

Cardiac monitor/defibrillator/pacer with adult and pediatric capabilities / Waveform Capnography / SPO2 Waveform / BP / 12 lead EKG	<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
Spare ECG Electrodes.	<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
1 Spare roll of ECG recording paper	<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
1 Device capable of monitoring fetal heart tones.	<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
1 Stethoscope; Adult & pediatric, or combination	<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
1 Blood pressure cuffs, one adult.	<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
Thermometer	<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

IV Supplies

	Vehicle 1	Vehicle 2
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10 Alcohol & Providine-iodophor preps	<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
2 each Over-the-needle catheters, 16g, 18g, 20g, 22g, 24g	<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
3 Sterile Blood administration sets.	<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
2 IV Pressure bags	<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
1 IV tubings with standard drip chambers	<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
10 Syringes, assorted sizes, small to large	<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
10 Needles, assorted sizes	<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
Portable IV pump apparatus, battery powered, & capable of regulating three IV drips with appropriate IV pump tubing	<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
Medication Requirements		
3 liters I.V. 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
3 each 50-100cc mixing solutions for parenteral medications	<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
1 each 30cc Normal Saline. & 1- 10cc sterile water.	<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. Phenobarbital	<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
Adrenergic Agonist (Ex: Dopamine)	<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
Bronchodilator	<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
Contraction suppressant	<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 tachydysrhythmias, bradydysrhythmias, 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
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 (naloxone)	<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
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
Oxytocin	<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
20g Magnesium 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