

SECTION OF EMERGENCY MEDICAL SERVICES MINIMUM REQUIRED **FIXED WING** EQUIPMENT LIST

Service Provider ID:	BODY TYPE:	Date:	Time Started:	Time Ended:	Specialist:			
VIN (Last 5):	AWIN ID:	License#:	Type of Inspection:	Odometer Reading:	Decal#:			
Soft Supplies and Other Equipment	P	M	C	Soft Supplies and Other Equipment	Medications	P	M	C
4X4 Pads (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Magill Forceps	Atropine- minimum 4 mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABD Pads (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Adult (1)	Adenosine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Dressing (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Pediatric (1)	Antiarrhythmic (Bolus and Infusion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation Kits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ETCO2 Detector	Antiemetic agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roller Gauze (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Adult (1)	Aspirin 81-325mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandage / EMT Shears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Pediatric (1)	Dextrose 50%- minimum 100 ml	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Monitor / Defibrillator/ Pacer (1)	Diuretic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECG Cables (2 sets)	Dopamine Drip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scalpel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECG Paper (2)	Epinephrine 1:10,000 - minimum 5 mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic Hand Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrodes	Epinephrine 1:1000 - minimum 3 mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exam Gloves (1 Box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Adult (6 SETS)	H1 Blocking Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Gloves (4 Pairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Pediatric (2 SETS)	Inhaled Beta Agonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emesis Basin or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulse Oximetry Device (1)	Magnesium Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saline Drops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulse Oximetry Probes	Narcotic Antagonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survival Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Adult (1)	Narcotic Analgesic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheets / Blankets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Pediatric (1)	Nitroglycerine (Sub-Lingual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pillow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B/P Cuffs	Sodium Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Related Supplies	P	M	C	- Lg. Adult / Adult	*Vasopression (80 Units minimum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable O2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Child	* Not required but minimum if carried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPA SET 40mm- 110mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Infant	Laryngoscope Handles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPA Set (sizes 12, 16, 20f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tape 1" and 2" (4)	Adult (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Cannula (Adult and Pediatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer	Pediatric (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Rebreather (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lubricating Jelly	Laryngoscope Blades (1-4 OR 0-3) (1ea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharps Container	ET Tubes Sizes			
Infant (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Drug Tape, Chart or Wheel	2.5 mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial Rebreather (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Defib. Pads/Paddles (1 set)	3.5 mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BVM				Adult Defib. Pads/Paddles (1 set)	4.0mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Adult (2) >1000ml	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glucometer and Glucose strips	5.0 mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pedi (1) 450-750ml	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Airway Related Supplies	P	M	C	<input type="checkbox"/>
- Infant (1) 150-300ml	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUCTION	5.5 mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizer Kit (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Portable Unit (1)	4.5mm (1) - Cuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Saline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Suction Tubing (2)	6.5 mm (1) - Cuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				CATHETERS	7.5 mm (2) - Cuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				- Size 8fr. or 10fr. (1)	CRIC KIT or 10/12ga Needle (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				- Size 12 fr. (1)	*ET Tube Holders and Stylettes *Commercial Style			
				- Size 14fr or 18fr (1)	Adult (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				- Rigid Suction Tip (1)	Pediatric (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				ET Multi-Lumen Airway (1)	Adult Stylette (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Supraglottic Airways	Pediatric Stylette (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				- Adult				
				- Pediatric				

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IV Supplies	P	M	C	Transport Continued	P	M	C	Radio Frequencies	P	M	C
Micro Drip Infusion Sets (2) and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stretcher				155.34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macro Drip Infusion Sets (2) or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAA Approved Stretcher System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	155.28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustable Drip Sets (4) Replaces Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical	P	M	C	155.235	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0.9% Saline Solution (2L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AWIN (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ringers Lactate (2L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Functioning Seatbelts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
IV Start Sets / Tourniquet (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
IV Catheters				AC/Heat functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
- 14ga (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Latches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
- 16ga (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Mat Reference Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
- 18ga (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Safety Wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
- 20ga (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N95/N100 Respirator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
- 22ga (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashlight / Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
- 24ga (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster Tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
IO Needles				Trauma Tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
- Adult (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protocol Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
- Pediatric (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
IO Access Device				Door Seals intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Powered and/or Manual Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting Isolated from Pilot Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Syringes and Needles											
1cc (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3 or 5cc (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
10 or 12cc (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
60cc (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Assorted needle sizes 18G - 25G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Chest Decompression											
10, 12 or 14 gauge catheter (2) (3.25 inches in length, A commercial device can be substituted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

COMMENTS:

EMSP Signature: _____ EMSP #: _____

Specialist Signature: _____

EMSP Signature: _____ EMSP #: _____

Date: _____