

# SECTION OF EMERGENCY MEDICAL SERVICES MINIMUM REQUIRED ROTOR 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#:						
<b>Soft Supplies and Other Equipment</b>	P	M	C	<b>Soft Supplies and Other Equipment</b>	P	M	C	<b>Medications</b>	P	M	C
4X4 Pads (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Magill Forceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adenosine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Dressing (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Pediatric (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<b>ETCO2 Detector</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin 81-325mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triangular bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Pediatric (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dextrose 50%- minimum 100 ml	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB Kit (1) - must contain Bulb syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cardiac Monitor / Defibrillator/ Pacer (1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diuretic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meconium Aspirator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECG Cables (2 sets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dopamine Drip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betadine Solution (1 Bottle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECG Paper (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epinephrine 1:10,000 - minimum 5 mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandage / EMT Shears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Electrodes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H1 Blocking Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Adult (6 SETS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inhaled Beta Agonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Pediatric (2 SETS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Magnesium Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scalpel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulse Oximetry Device (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Narcotic Antagonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Punch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pulse Oximetry Probes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Narcotic Analgesic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic Hand Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Adult (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitroglycerine (Sub-Lingual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exam Gloves (1 Box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Pediatric (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sodium Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Gloves (4 Pairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>B/P Cuffs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Vasopression (80 Units minimum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emesis Basin or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Lg. Adult / Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Not required but minimum if carried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saline Drops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injectable Narcotic analgesic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Tourniquet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benzodiazepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Survival Kit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tape 1" and 2" (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Supraglottic Airways</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheets / Blankets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occlusive Dressing (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Oxygen Related Supplies</b>	P	M	C	<b>Lubricating Jelly</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Laryngoscope Handles</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main O2 - PSI:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharps Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable O2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Drug Tape, Chart or Wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPA SET 40mm- 110mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pediatric Defib. Pads/Paddles (1 set)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laryngoscope Blades (1-4 OR 0-3) (1ea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPA Set (sizes 12, 16, 20f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Adult Defib. Pads/Paddles (1 set)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ET Tubes Sizes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Cannula (Adult and Pediatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glucometer and Glucose strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.5 mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Rebreather (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Airway Related Supplies</b>	P	M	C	3.5 mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SUCTION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.0mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Portable Unit (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.0 mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial Rebreather (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- On-Board Unit (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5 mm (1) - Uncuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BVM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Suction Tubing (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.5mm (1) - Cuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>- Adult (2) &gt;1000ml</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CATHETERS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5 mm (1) - Cuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>- Pedi (1) 450-750ml</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Size 8fr. or 10fr. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.5 mm (2) - Cuffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>- Infant (1) 150-300ml</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Size 12 fr. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRIC KIT or 10/12ga Needle (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizer Kit (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Size 14fr or 18fr (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*ET Tube Holders and Stylettes *Commercial Style</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Saline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Rigid Suction Tip (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				ET Multi-Lumen Airway (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								Adult Stylette (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								Pediatric Stylette (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# SECTION OF EMERGENCY MEDICAL SERVICES MINIMUM REQUIRED **ROTOR WING** EQUIPMENT LIST

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				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"/>	Optional Equipment	P	M	C
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"/>	CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV Catheters</b>				AC/Heat functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Huber Needles	<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"/>	Central Venous Device Access	<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"/>	Cardiac Thrombolytic Medications	<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"/>				
<b>IO Needles</b>				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"/>				
<b>IO Access Device</b>				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"/>				
<b>Syringes and Needles</b>				Headset Communication Pilot/Crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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"/>								
<b>Chest Decompression</b>											
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"/>								
<b>Transport</b>											
Pediatric Restraint System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>CERVICAL COLLARS</b>											
Adult (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Pediatric (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Infant (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Above = May substitute: 3 adult and 2 pediatric-adjustable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

COMMENTS:

EMSP Signature: \_\_\_\_\_ EMSP #: \_\_\_\_\_

Specialist Signature: \_\_\_\_\_

EMSP Signature: \_\_\_\_\_ EMSP #: \_\_\_\_\_

Date: \_\_\_\_\_