

Number: BETP20211015-02837

Inspector: Derek Flory

Date: Oct 15, 2021

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
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TEST1234567890

Expiration Date:

Vehicle Call Sign:

T1

Vehicle Unit Number:

T1

Rotary Vehicle Minimum Critical Equipment

Agency Information

*Name of Agency:

Sample

Vehicle Requirements

No.	Item	C	NC	NR
1	Access that Allows for Safe Loading and Unloading of a Patient without Excessive Maneuvering of the Patient	C	NC	NR
2	Communication-State MEDCOM Compliant	C	NC	NR
3	Cot with straps with means of securing it. Capable of carrying a minimum of 1 patient in a horizontal position.	C	NC	NR
4	Equipment is Secured to the Helicopter, Readily Accessible, and when not in use, Securely Stored	C	NC	NR
5	Fire Extinguisher - per FAA Guidelines	C	NC	NR
6	Interior Affords an Adequate Patient Care and Treatment Area	C	NC	NR
7	Patient Compartment: Climate and Lighting Must Be Maintained Within Vehicle Standards	C	NC	NR

Airway

No.	Item	C	NC	NR
8	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (>1000 ml) (1 each)	C	NC	NR
9	Endotracheal Tubes and Equipment: Cuffed or Uncuffed; Size 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm; Cuffed: 6.0, 7.0, 8.0 (2 each)	C	NC	NR
10	Gum Elastic Bougie (1)	C	NC	NR

11	Video Laryngoscope Blades: Curved Sizes 2, 3, or 4 (2); Stright Sizes 0, 1, 2, 3, or 4 (4) (1 each)	C	NC	NR
12	Laryngoscope Bulb, Batteries, and Handle (1 set)	C	NC	NR
13	Laryngoscope Handle (1) (Spare)	C	NC	NR
14	Magill Forceps: Adult & Pediatric (1 each)	C	NC	NR
15	Manometer Compatible with BVM System	C	NC	NR
16	Manual Peep Valve - Compatible with BVM System	C	NC	NR
17	Nasal Cannulas: Adult and Pediatric (1 each)	C	NC	NR
18	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C	NC	NR
19	Nebulizer (1)	C	NC	NR
20	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C	NC	NR
21	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C	NC	NR
22	Oxygen On-Board w/Regulator Capable of 15 lpm, and Supplies	C	NC	NR
23	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C	NC	NR
24	Pulse Oximeter with Pediatric & Adult Capability (1)	C	NC	NR
25	Stylettes for Endotracheal Tubes: Adult and Pediatric (1 each)	C	NC	NR
26	Suction On-Board with a Regulator	C	NC	NR
27	Suction Portable	C	NC	NR
28	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C	NC	NR
29	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult and Pediatric Size Required)	C	NC	NR
30	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR
31	Transport Ventilator with Volume/Pressure/NIV/PPV Capabilities	C	NC	NR
32	Tube Holder (1)	C	NC	NR

Trauma - Bandaging

No.	Item	C	NC	NR
33	Arterial Tourniquet (commercial) (1)	C	NC	NR
34	Hemostatic Agent (1)	C	NC	NR
35	Occlusive Chest Seal, or Commercial Device	C	NC	NR

36	Sterile Sheets	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
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Trauma - Splinting

No.	Item	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
37	Cervical Immobilizers: Infant, Child, Adult (1 each)	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
38	Pelvic Binder (Commercially Approved FDA Device) (1)	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR

IV Requirements

No.	Item	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
39	14 Gauge Needle at Least Three Inches or Commercial Device for Pleural Decompression	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
40	Alcohol Wipes (12)	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
41	Extension Set (2)	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
42	Filter Needles	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
43	Fluid Warmer	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
44	IM Needles - Sizes Suitable for Pediatric and Adult Patients	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
45	Injection Supplies - Sizes Suitable for Pediatrics and Adults	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
46	IO Drill Device	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
47	IO Supplies: Adult and Pediatric (1 each)	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
48	IV Catheters- Sizes 24-18 Gauge (Range of 4 Sizes with at least 1 smaller than 20 Gauge) (2 each)	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
49	IV Solution and Supplies Secured	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
50	IV Administration Set: Macro Drip (4)	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
51	IV Infusion Pumps Sufficient to Maintain a Minimum of 3 Simultaneous Infusions	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
52	IV Fluids: 3 Liters of Crystalloid Sloution, 250 ML of D5W	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR

***IV Fluids Filled by:**

Hospital Wholesale

***Hospital or Wholesaler Name:**

Sample

***If Obtained through Wholesaler - Tracking Log?**

Yes No Not Wholesale

***First Expiration Date of Fluids:**

Sample

53	Needles - Various Sizes	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR
54	Pressure bags	<input checked="" type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NR

55	Tourniquets (2)	C	NC	NR
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Drug Package

No.	Item	C	NC	NR
56	Drug Package in Climate Controlled Area	C	NC	NR
57	Drug Package Locked and Secured	C	NC	NR
58	Drug Package Sealed	C	NC	NR
*Hospital Filled By:				
<input type="text" value="Sample"/>				
*Date Filled:				
<input type="text" value="Sample"/>				
*Expiration Date:				
<input type="text" value="Sample"/>				
59	Drug Package: Proof of Acquisition for additional Non-Sealed Medication through Hospital Pharmacy	C	NC	NR
*Physician Filled By:				
<input type="text" value="Sample"/>				
*Date Filled:				
<input type="text" value="Sample"/>				
*Expiration Date:				
<input type="text" value="Sample"/>				
60	Drug Package that is not Expired	C	NC	NR
61	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C	NC	NR

Cardiac Monitor/Defibrillator

No.	Item	C	NC	NR
62	*12 Lead EKG	C	NC	NR
63	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper.	C	NC	NR
*Type:				
<input type="text" value="Sample"/>				
*Serial Number:				
<input type="text" value="Sample"/>				
64	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C	NC	NR
65	Defibrillation Pads (2 sets)	C	NC	NR
66	Invasive Line Capability (2)	C	NC	NR

67	Transcutaneous Cardiac Pacemaker that includes Pediatric Capability (may integrate with Monitor/Defibrillator) (2)	C	NC	NR
68	Transvenous Pacer	C	NC	NR
69	Wave Form EtCo2	C	NC	NR

Miscellaneous - PPE & Other

No.	Item	C	NC	NR
70	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C	NC	NR
71	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C	NC	NR
72	Documentation Tools (Pens, Tablet, Run Forms)	C	NC	NR
73	Gloves Non-Latex (1 Box or Pouch of Each Size)	C	NC	NR
74	Helmets (One set for each crew member)	C	NC	NR
75	HEPA Respirator or N-95 Masks (One for each crew member)	C	NC	NR
76	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver). Surgical Masks (One for each crew member, and patient)	C	NC	NR
77	Sharps Container (Portable or fixed)	C	NC	NR
78	Survival Kit - Signaling Mirror, Aerial Pyrotechnic or other Aerial Signaling Device, Fire Starting Device, Flashlight with Spare Batteries, and 4 Survival Blankets	C	NC	NR

Miscellaneous - Patient

No.	Item	C	NC	NR
79	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C	NC	NR
80	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C	NC	NR
81	Child Restraint System-Size Appropriate (1)	C	NC	NR
82	Cold Packs (2)	C	NC	NR
83	Emesis Container (1)	C	NC	NR
84	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C	NC	NR
*Expiration Date:				
<input type="text" value="Sample"/>				
85	Hearing Protection for Patient	C	NC	NR

86	Heat Packs (2)	C	NC	NR
87	Infant Thermal Cap (1)	C	NC	NR
88	NG Tubes	C	NC	NR
89	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C	NC	NR
*Expiration Date: <input type="text" value="Sample"/>				
90	Stethoscope (1)	C	NC	NR
91	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C	NC	NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns: _____

Inspection Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance and notify MDHHS in writing, that the corrections were made. The vehicle may return to service with approval of MDHHS, provided MDHHS was notified in writing within 24 hours that corrections were made. A re-inspection may occur within 15 calendar days of MDHHS receiving such notification.
- A vehicle that is not brought into compliance within 24 hours from the time it was determined to be out of compliance due to missing equipment items, shall be removed from service immediately. A vehicle taken out of service due to non-compliance shall not respond or provide emergency assistance, or conduct inter-facility transfers. The vehicle may return to service with approval of MDHHS, provided MDHHS was notified in writing that corrections were made. A re-inspection may occur within 15 calendar days of MDHHS receiving such notification.
- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.
- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: floryd@michigan.gov

Fax: 517-335-9434

Attestation & Signatures

I, the undersigned representative of the above agency, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the agency to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this fixed wing in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

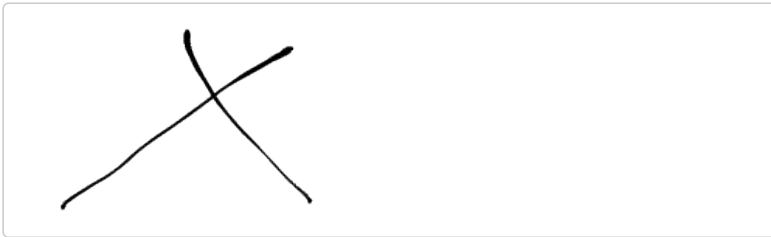
Comments:

Passed

Total: 0 deficiencies of 91 items

▼ Responsible Party Signoff

*

A rectangular box containing a handwritten signature in black ink. The signature is a stylized 'X' shape.

*First Name:

Sample

*Last Name:

Sample

Certification Number:
