State of North Carolina
Department of Health and Human Services
Division of facility Services

Air Vehicle Inspection Report

Date: _____

Location: _____

Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: _____ Provider #: _____

System Affiliation: _____ EMS System _____ Model System Name: _____

VEHICLE INFORMATION

Current Permit #: _____ Vin # : _____ Year: _____ Make: _____

Vehicle Type: _____ Assigned Vehicle Number: _____ Tail #: N _____

Proposed Operational Level: _____ EMT _____ EMT-Intermediate _____ EMT-Paramedic Purpose of Inspection: _____ Permitting _____ Compliance

PERMITTING INSPECTION

Air Vehicle Inspection

Section A: ***Mandatory Items***

___ **Vehicle Body and Function**
___ **Interior Dimensions**
___ **Two-way Radio**
___ **Internal Voice Communications**
___ **Litter which allows elevation of pt. head**
___ **Survival Gear for service area & Number of occupants**
___ **Emergency Locator Transmitter (ELT)**
___ **A Remote Control External Search Light**
___ **Satellite Global Navigational System**
___ **All Required items by Medical Director per Neonatal / Air Medical Protocol Summary (NAMPS) document**

Missing any items in Section A results in Summary Suspension or refusal of permit

Section B: ***Five Point deduction Items***

___ Interior Cleanliness
___ Exterior Cleanliness
___ Equipment Secured
___ Patient Area Lighting
___ Mounted Fire Extinguisher
___ Flashlight w/ extra batteries
___ Car Seat avail. to restrain < 20lbs pedi

Section C: One ***Point deduction Items***

___ Provider Name Displayed on each side

Rotary Wing Only

Section D: ***Mandatory Items***
(In addition to Section A, B, & C)

___ 2 – 360 Channel VHF Transceiver
___ VHF Omnidirectional Ranging (VOR) Receiver
___ Attitude Indicators
___ Radar Altimeter
___ Transponder w/4097 Code, Mode C Charts For the Area of Operation
___ Current FAA Approved Navigational Aids & Charts for the Area
___ Turn & Slip Indicator (in absence of three Attitude Indicators)
___ A Light which Illuminates the Tail Rotor

Missing any items in Section A & D results in Summary Suspension or refusal of permit

Fixed Wing Only

Section E: ***Mandatory Items***
(In addition to Section A, B, & C)

___ Current Instrument Rules (IFR) Certification

Missing any items in Section A & E results in Summary Suspension or refusal of permit

Air Vehicle Scoring

Section B: _____ X 5pts = _____
Section C: _____ X 1pts = _____

Total Score B & C: _____

Less than 7 points = Satisfactory
Greater than 7 points = Unsatisfactory
Section A, D, E or greater than 18 points = Summary Suspension or refusal of permit

___ **Deficiencies corrected during Inspection**

Inspection Results

___ **Pass**

Level Obtained:
___ **EMT** ___ **EMT-I**
___ **EMT-P**

Permit #: _____

Expiration: _____

Failed:

___ **Refusal of Permit**

___ **Failed – Temporary**

___ **Failed - Summary Suspension**

Comments: _____

Compliance Inspection:
Type: ___ Ramp ___ Spot ___ Provider Audit

Personnel: Level:

#1: _____ _____

#2: _____ _____

Inspector: _____