

PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE

AMBULANCE LICENSE INSPECTION CHECKLIST FOR
AIR AMBULANCE SERVICES

Name of Ambulance Service: _____

Affiliate #: _____

Date of Inspection: _____

The following policy statements and other documentation were available and inspected as part of the ambulance license process:

Policy Statements:

- | | | |
|---|-------|------|
| a. Infection Control | ? Yes | ? No |
| b. Management of Personnel Safety | ? Yes | ? No |
| c. Substance Abuse in the Workplace | ? Yes | ? No |
| d. Placement and Operation of Air Ambulances | ? Yes | ? No |
| e. Completion of EMS Patient Care Reports | ? Yes | ? No |
| f. Satisfying Documentation Requirements | ? Yes | ? No |
| g. Access to Air Ambulance Service | ? Yes | ? No |
| h. Satisfying Equipment and Supply Requirements | ? Yes | ? No |
| i. Satisfying Personnel Requirements | ? Yes | ? No |
| j. Satisfying Air Ambulance Medical Director's Operational Requirements | ? Yes | ? No |
| k. Communicating with PSAPs | ? Yes | ? No |
| l. Satisfying Air Ambulance Requirements | ? Yes | ? No |
| m. Medical Command Notification | ? Yes | ? No |
| n. Monitoring Statutory and Regulatory Compliance | ? Yes | ? No |
| o. Dissemination and Protection of Patient Information | ? Yes | ? No |
| p. Participation in Statewide and Regional Quality Improvement Programs | ? Yes | ? No |
| q. Satisfying Flight Requirements | ? Yes | ? No |
| r. Satisfying Medical Service Requirements | ? Yes | ? No |
| s. Satisfying Community Education Program Requirements | ? Yes | ? No |

Other Documentation:

- | | | |
|--|-------|------|
| a. Form for Duty Roster | ? Yes | ? No |
| b. Duty Roster, if applicable | ? Yes | ? No |
| c. Call Volume Records, if applicable | ? Yes | ? No |
| d. EMS Patient Care Reports, if applicable | ? Yes | ? No |