

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**Division of Emergency Medical Services and Highway Safety**  
**AIRCRAFT INSPECTION FORM**

PROVIDER NAME \_\_\_\_\_ REGION \_\_\_\_\_ PROVIDER NUMBER \_\_\_\_\_ VEHICLE \_\_\_\_\_

PROVIDER ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

AIRCRAFT DESCRIPTION \_\_\_\_\_

GARAGE ADDRESS \_\_\_\_\_ TAIL NUMBER \_\_\_\_\_ V.I.N. \_\_\_\_\_

LOCAL I.D. \_\_\_\_\_ **ALS ILS BLS** \_\_\_\_\_ EMS SYSTEM \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- INITIAL  REINSPECTION  3rd PARTY  COMPLAINT  OTHER (SEE COMMENT FORM)  WAIVER (ATTACHED)
- ISSUE LICENSE  REINSPECTION REQUIRED (NON-LIFE THREATENING EQUIPMENT PROBLEMS)  **ADVISORY STATEMENT** — DO NOT OPERATE UNTIL REPAIRED AND REINSPECTED.

**LEGAL ACTION IS REQUIRED FOR THE FOLLOWING:**  **A CONDITION HAS BEEN IDENTIFIED THAT COULD RESULT IN HARM TO THE PUBLIC. THIS VEHICLE SHOULD BE REMOVED FROM SERVICE UNTIL ALL CORRECTIONS ARE MADE AND VEHICLE IS REINSPECTED AND APPROVED BY I.D.P.H. (SEE INSPECTION COMMENT FORM).**

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| <p><input type="checkbox"/> <b>ALL AIRCRAFT</b></p> <p><input type="checkbox"/> EQUIPMENT FOR BOTH INTERNAL AND EXTERNAL COMMUNICATION TO MEDICAL CONTROL, FLIGHT OPERATIONS CENTER, AIR TRAFFIC CONTROL AND LAW ENFORCEMENT</p> <p><input type="checkbox"/> PATIENT CAN BE LOADED/UNLOADED WITHOUT BEING TILTED MORE THAN 30 DEGREES LONGITUDINALLY OR 45 DEGREES LATERALLY.</p> <p><input type="checkbox"/> THERE IS OPERATIONAL CLIMATE CONTROL EQUIPMENT IN THE AIRCRAFT.</p> <p><input type="checkbox"/> INTERIOR LIGHTING IS ADEQUATE TO PERMIT PATIENT CARE/MONITORING DURING FLIGHT.</p> <p><input type="checkbox"/> TWO SOURCES OF HEAT/FIRE</p> <p><input type="checkbox"/> TWO FORMS OF SIGNALING DEVICES</p> <p><input type="checkbox"/> SHELTER EQUIPMENT BLANKET, NYLON CORD AND ADHESIVE TAPE</p> <p><input type="checkbox"/> KNIFE AND FISHING KIT</p> <p><input type="checkbox"/> FOOD AND WATER SUPPLY</p> <p><input type="checkbox"/> RESTRAINTS TO SECURE PATIENT TO LITTER</p> <p><input type="checkbox"/> BACK-UP POWER IS AVAILABLE FOR COMMUNICATIONS EQUIPMENT AT SEMSC MEDICAL CONTROL POINT.</p> <p><input type="checkbox"/> RECORDING SYSTEM RECORDS ALL INCOMING AND OUTGOING TELEPHONE/RADIO TRANS-MISSIONS AND HAS PLAYBACK CAPABILITY.</p> <p><input type="checkbox"/> LIST OF SUPPLIES/EQUIPMENT REQUIRED FOR MISSION AS DETERMINED BY THE EMSMD. BASED ON PATIENT TYPE, MEDICAL CONDITION, AND ANTICIPATED TREATMENT.</p> | <p><input type="checkbox"/> HAS APPROPRIATE EQUIPMENT/DRUGS AVAILABLE FOR THE MISSION</p> <p><input type="checkbox"/> <b>ADDITIONAL FOR HELICOPTER PROGRAMS</b></p> <p><input type="checkbox"/> EQUIPPED WITH FLIGHT EQUIPMENT TO ALLOW FOR RECOVERY FROM INADVERTENT IFR SITUATIONS</p> <p><input type="checkbox"/> EQUIPPED WITH SEARCHLIGHT THAT CAN BE MOVED 180 DEGREES HORIZONTALLY AND 90 DEGREES VERTICALLY AND CAN BE CONTROLLED BY PILOT WITHOUT REMOVING HANDS FROM FLIGHT CONTROLS</p> <p><input type="checkbox"/> COCKPIT IS ISOLATED BY PROTECTIVE BARRIER FROM PATIENT COMPARTMENT.</p> <p><input type="checkbox"/> ALL MEDICAL EQUIPMENT/SUPPLIES ARE TO BE SECURED AND/OR RESTRAINED.</p> <p><input type="checkbox"/> DISPATCH CENTER CAN COMMUNICATE WITH AIRCRAFT PILOT AND CREW FOR NONMEDICAL PURPOSES ON A SEPARATE FREQUENCY.</p> <p><input type="checkbox"/> DOCUMENTED FLIGHT COMMUNICATION EVERY 15 MINUTES</p> <p><input type="checkbox"/> <b>ADDITIONAL FOR FIXED WING</b></p> <p><input type="checkbox"/> AT LEAST TWO ENGINES</p> <p><input type="checkbox"/> IFR EQUIPPED AND CERTIFIED</p> <p><input type="checkbox"/> ALL EQUIPMENT, LITTERS AND SEATING ARE ARRANGED SO AS NOT TO BLOCK RAPID EGRESS BY PERSONNEL OR PATIENT FROM AIRCRAFT AND SHALL BE AFFIXED OR SECURED IN APPROVED RACKS OR COMPARTMENTS BY STRIP RESTRAINTS.</p> |
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COMMENTS \_\_\_\_\_

As owner/representative, I agree to provide aircraft service in compliance with the Emergency Medical Services Act rules and regulations, 24 hours a day, every day of the year. Each aircraft will be staffed by one EMS pilot. On BLS missions, the aircraft also will be staffed by two emergency medical technicians (EMTs). On intermediate or paramedic level flights, the aircraft will be staffed by the EMS pilot and at least one person licensed for the level of care at which the aircraft is being operated and one other EMT, pre-hospital RN or physician.\* I agree to provide emergency service within my service area on a per need basis without regard to a patient's ability to pay.  
\*State minimum requirements; EMS systems may require a higher level of staffing.

PRE-HOSPITAL CARE PROVIDER/OWNER OR REPRESENTATIVE SIGNATURE/TITLE \_\_\_\_\_ ILLINOIS DEPT. OF PUBLIC HEALTH REPRESENTATIVE SIGNATURE/TITLE \_\_\_\_\_