

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:

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| 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 | |