

NHBEMS - ALS Training Equipment Request Form

11/24/08

To be completed by the individual requesting the equipment listed below: (PLEASE PRINT)

Any NH Licensed EMS Instructor/Coordinators (I/C) ***** OR members of the New Hampshire EMS community *** may request ALS equipment for an appropriate training session by completing the following: (per ALS Lending Policy)

Name: _____ Title _____ Organization: _____

Address of Training Program: _____

Currently a Prop Operator ____ Yes ____ No Phone # _____ E-mail address _____

Date(s) equipment is requested for: (15 days notice min.) _____

Start Time: _____ End Time: _____

Intended use of this equipment : _____

If NHBEMS authorized ALS training program, Course # _____

I have read the ALS Lending Policy and understand my responsibilities:

Signature: _____ Date _____

(Borrower: CHECK the box next to equipment being requested – Bureau Staff: Write in Inventory numbers prior to allowing equipment to be released)

NHBEMS ALS Equipment Being Requested

Equipment Requiring a Prop Operator: (**** / ***)

MPL Megacode ACLS Manikin # _____

Trauma Module Kit

MPL Megacode Child Manikin # _____

Urinary Cath. Kit

Equipment Requiring a Licensed EMS I/C: (*****)

Injectable Training Arm Kit (IV Arm) # _____

Advanced Airway Materials Kit # _____

Airway Management Trainer (Adult) # _____

Airway Management Trainer (Infant) # _____

Cricoid Stick Model Kit # _____

Cardiac Rhythm Generator Kit # _____

Interosseous Infusion Leg Kit # _____

Division Use Only

To be completed by NHBEMS:

*** Name of Prop Operator (PO) Scheduled with the above equipment: _____

Whether I/C OR PO: Pick-up Date: _____ Scheduled Return Date: _____

NHBEMS Staff Name: _____ [Initialed when approved]

Date Returned _____ Checked in by (Staff Name) _____