|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | | |  | | |
| Service | | |  | | |
| Address | | |  | | |
| City/State/Zip | | |  | | |
| Home Phone | | |  | Cell Phone |  |
| Email | | |  | | |
|  | | | | | |
| **Can you fulfill these requirement for the equipment library**  ***Check all that apply*** | | | | | |
| □ | The equipment will be housed in a safe location accessible to all employees? | | | | |
| □ | The equipment will be available for other surrounding services to use when pick up scheduled | | | | |
| □ | You have a PECC at your EMS agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| □ | You understand this equipment is on loan for a 6 month period and will be sent to another service after 6 months | | | | |
| □ | Do you have a scenario guide book? If not MOEMSC will provide one | | | | |
|  | YES NO | | | | |
| □ | You plan to integrate this equipment into your training program  What time frame would you like to apply for?   * January 2021-June 2021 * June 2021- December 2021 * January 2022-June 2022 | | | | |
|  |  | What are your plans for the equipment library? | | | |
|  |  | How do you plan on using this equipment to better your surrounding community partners? (fire, first responders, community hospitals) | | | |

