

2009 Equipment Checkout Agreement



Name:		Today's Date:	
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Discipline (circle all that apply)	BLS	HS	ACLS	PALS	TCF	RF
Expiration Date(s)						

<i>Requirements</i>	<i>Initials</i>
I have read the <i>Policy and Procedure</i> manual, available at wyomingmedicalcenter.com , in the AHA Instructor Section.	
I have read the <i>Training Center Equipment Checkout Policy</i> , available at wyomingmedicalcenter.com , in the AHA Instructor Section.	
I understand that I may not take equipment without requesting and confirming the usage in writing. All equipment must be checked in/out during normal business hours.	
I understand that I am responsible for the equipment while it is in my care and I may be charged the following fees if applicable: <i>Emergency Equipment Rental, Late Return, Damage/Replacement, Shipping/Usage.</i>	
I understand that courses that are not covered by <i>Blue Envelope Health Fund</i> have associated fees that must be paid before cards are issued. I can refer to the order form for cost information. Course rosters where these fees are not paid will be returned to me.	
I understand that tobacco use is not permitted during any AHA provider class	
I will clean manikins and change the lungs at the end of each class. This can be documented by initialing the section at the bottom of each roster.	
Signature:	