



<b>Program Document No.: 12007.00</b>		<b>Subject:</b> Request for Return of Missing/Damaged Equipment		<b>Type:</b> Policy	
<b>Effective Date:</b>	June 4, 2004	<b>Revision Date 01:</b>	October 12, 2004		
<b>Approval Date:</b>	May 14, 2004	<b>Revision Date 02:</b>	November 8, 2004		
<b>Review Date:</b>	February	<b>Revision Date 03:</b>	March 16, 2009		
<b>Replaces:</b>	None	<b>Revision Date 04:</b>			
<b>Signature of Director, EHS Provincial Programs:</b> <i>original signed by Dawnelda Murray</i>			<b>Signature of Senior Manager, EHS MFR Services:</b> <i>original signed by Kathleen McNally</i>		

### 1.0 Purpose

1.1 This form is utilized for the return of missing or damaged equipment.

### 2.0 Procedure

2.1 Complete this form and fax to EHS MFR Services at (902) 832-8602 or send by mail to 239 Brownlow Avenue, Suite 300, Dartmouth, NS B3B 2B2.

### 3.0 Form attached



**REQUEST FOR RETURN OF MISSING/DAMAGED EQUIPMENT**

**Complete this form and submit to**  
 EHS MFR Services  
 239 Brownlow Avenue, Suite 300, Dartmouth, NS B3B 2B2  
 Fax: (902) 832-8602 Tel: (902) 832-8620

*(PLEASE PRINT)*

**Name of Agency:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

Item	Available	Requested	Please include all details: date, time, location of call, and damage or failure
V-Vac Suction Handle	1		
Oxygen Regulator	1		
Backboard	1		
Backboard Straps	4		
Head Immobilizer Unit	1		
Head Immobilizer Straps Only	2		
Head Immobilizer Blocks Only	2		
Head Immobilizer Base Only	1		
KED	1		
Blood Pressure Cuff	1		
Stethoscope	1		
A1000 Airway Kit	1		
Safety Vest	1		
Oxygen Wrench	1		
Scissors	1		
* HeartStart FRx Defib Pads	1		
** LIFEPAK 500 Defib Pads	1		

\* HeartStart FRx defib pads should be ordered two (2) weeks prior to expiry.

\*\* LIFEPAK 500 pads should be returned to MFR Services for exchange six (6) months prior to expiry.

**Type of call:** MVC  Cardiac Arrest  Other

**Report of Damage or Failure**

Did damage or failure compromise patient care in any way? Yes  No

If yes, please explain below:

\_\_\_\_\_  
 \_\_\_\_\_

**EHS MFR Services use only**

**Date equipment sent:** \_\_\_\_\_

**Sent by:** \_\_\_\_\_