



## 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) 832-8356

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

*\* To exchange defibrillator pads, refer to EHS MFR Program Document 12006.00: MFR Supplies*

**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:

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\_\_\_\_\_  
**Agency Name**

\_\_\_\_\_  
**Agency Chief/MFR Coordinator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**EHS MFR Services use only**