





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

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) 832-8356

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:

Agency Name

Agency Chief/MFR Coordinator

Date

Telephone

EHS MFR Services use only