



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: <i>original signed by Dawnelda Murray</i>			Signature of Senior Manager, EHS MFR Services: <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: _____