

CHECK-OUT FORM



Name
 Email
 Phone
 Course Date
 Pick-up Date
 Return Date

COURSE/EVENT	Check all that apply
Type of Course <ul style="list-style-type: none"> • ACLS • BLS <ul style="list-style-type: none"> ▪ HeartCode ▪ HeartSaver • PALS • PEARS • HeartSaver with First Aid 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

EQUIPMENT	Type Needed	Quantity Needed
Mannequins <ul style="list-style-type: none"> • Adult • Infant Ambu Bags <ul style="list-style-type: none"> • Adult • Infant AEDs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SUPPLIES		Quantity Needed
DVDs <ul style="list-style-type: none"> • ACLS • BLS Renewal • BLS HCP • PALS Tests (come in groups of 10 with key and blank answer sheets) <ul style="list-style-type: none"> • ACLS • BLS • PALS Kerlix Gauze Gloves 4 x 4 Gauze Epi Pens		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

COMMENTS

AGREEMENT (must be signed before equipment/supplies are released)

I will take care of the equipment, properly clean and sanitize the mannequins, and return in good condition.

Signature