

GSCEMS EQUIPMENT RELOCATION SHEET

Unit: _____

Crew: _____/_____

Unit out of Service

Date out of service: ____/____/____ Expected return to service date: ____/____/____

Reason unit removed from service: _____

Location of unit: _____

EQUIPMENT TO BE REMOVED WHEN UNIT IS TO BE OUT OF SERVICE OVERNIGHT. ALSO LIST LOCATION OF EQUIPMENT

- | | |
|--|---|
| <input type="checkbox"/> Narcotics _____ | <input type="checkbox"/> Monitor _____ |
| <input type="checkbox"/> Drug bag _____ | <input type="checkbox"/> Oxygen bag _____ |
| <input type="checkbox"/> Door opener _____ | <input type="checkbox"/> IV Pump _____ |
| <input type="checkbox"/> Other _____ | |

Equipment Remaining at Facilities

List facility/location where equipment remained and run number.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> LSB _____ | <input type="checkbox"/> Scoop _____ |
| <input type="checkbox"/> Hare/Sager _____ | <input type="checkbox"/> KED _____ |
| <input type="checkbox"/> Oxygen _____ | <input type="checkbox"/> Straps _____ |
| <input type="checkbox"/> Pedi-Board _____ | <input type="checkbox"/> Other _____ |

Supervisor signature and date: _____

(Original- to Supervisor, Copy- to be left in unit)