

COURSE REQUEST/ EQUIPMENT/SUPPLIES

DATE: ____/____/____

RELEASE FORM (one class per sheet)

☐ call in ☐ walk in

Name: _____ Course Location: _____

Type Course: AHA ASHI NSC: CPR FA BBP O2 DDC (LEVEL) _____

Dates of Class: _____ Time: From _____ To _____

* EQUIPMENT LOANED *

MANIKINS: (Enter Manikin # 's)

AED # _____	Standard _____	Child _____	Infant _____	Actar _____
_____	_____	_____	_____	Set # _____
_____	_____	_____	_____	_____

AUDIO VISUAL, ETC:

Video #: _____ AHA ASHI : CPR FA BBP O2 Other _____

First Aid Equipment Describe: _____

Instructor Sign: _____ CSC Rep. Initial: _____ Date: _____

* ALL EQUIPMENT LOANED IS IN GOOD WORKING CONDITION UPON INSTRUCTOR RECEIPT *

BOOKS

BOOKS: AHA ASHI NSC # _____

TYPE: CPR FA BBP O2 LEVEL OF BOOKS _____

TEST TYPE: AHA ASHI NSC

CPR FA BBP O2 EVAL BOOK #S: _____

ANSWER KEY #: _____ ANNOT KEY # _____

EQUIPMENT RETURN

EXTRA BOOKS RETURNED

Manikins Condition on Return: (Circle One) GOOD FAIR CLEANED

Problems with manikin: (Include manikin # and describe) _____

Problems with equipment: _____

Eval. Book / Answer Key Condition on return: (look for pencil and pen marks) (Circle One) GOOD FAIR

Comments: _____

Return Date: ____/____/____ Received By: (CSC Rep.) _____

Student Fee: \$ _____ ea x _____ Student = TTL \$ _____

Manikin Rental: \$ _____ ea x _____ Manikins \$ _____

Equipment rental: (Describe) _____ \$ _____

Other: (Describe) _____ \$ _____

Micro keys, Mask, Etc. _____ TOTAL: \$ _____

Card Sent To: _____ Date: ____/____/____

PAID BY:

☐ Cash Amt. \$ _____☐ Check Amt: \$ _____☐ Multiple course on 1 check

Other Course #'s _____

Date: ____/____/____