

Equipment Loan Sign Out

Date:

MED-Star Paramedic Ambulance, Inc. 916 E Redwood Blvd PO Box 512 Brandon, South Dakota 57005 Phone: 605.582.6096

Fax: 605.582.6096 Fax: 605.582.8983 www.med-starambulance.com

Name:				
Title:				
Department:				
Phone:				
		<u> </u>		
Date Requested	ltem	Date needed	Quantity	Date Returned
Condition of equipme	nt on pick-up:			
(Note any breaks, tears, n items, etc.)	narks, or missing			
Pick-Up	Time & Place:			
MED-Star Manager:		Employee Borrower:		
Condition of equipme (Note any breaks, tears, n items, etc.)	nt on return: narks, or missing			
Return ⁻	Time & Place:			
MED-Star Manager:		Fmr	ployee Borrower:	