

SPENCER MUNICIPAL HOSPITAL

1200 First Avenue East
Spencer, IA 51301-4321

Equipment Reservation Form

Please print

Ordered by:	Order Date:
Company:	
Address:	Starting Date Needed:
City/State/Zip:	
Phone: ()	Return Date Needed:

Quantity	Description	Price Each	Total Price
	Complete Set (1 Adult, 1 Child, 1 Baby)	15.00	
	Adult Manikin	5.00	
	Child Manikin	5.00	
	Infant Manikin	5.00	
	Pocket Mask	1.00	
	Bag Valve Mask	5.00	
	AED	25.00	
	Course Tool Kit/Video	5.00	
	Instructors Manual	5.00	
	AHA Card Fee (BLS - \$5 / ACLS/PALS - \$10)		
		TOTAL	

Method of Payment <input type="checkbox"/> Check (make check payable to Spencer Hospital) Payment must be included with reservation

- I agree to reimburse Spencer Hospital for damage or replacement while equipment is in my care.
- I agree to clean manikins following the Manikin Decontamination Procedure.
- I agree to replace any part not included in package return back to Spencer Hospital.
- I agree to notify Spencer Hospital of any problems with the equipment or damage immediately so repairs may be made promptly.
- I agree to pay a \$10 late fee for each item, each day beyond the above ending date that the equipment is not returned.

Signed _____ Date _____

Return Completed Form to:
Spencer Municipal Hospital
Human Resources Development
1200 First Avenue East
Spencer, IA 51301
(712) 264-6623 or (712) 264-6117

Request processed by: _____ Date _____