



State of Louisiana TOC/BEMS Surge Unit **Demobilization Form**

Date: _____ Event Name: _____

Under Contract # _____ Demobilized By: _____ Level of Care: _____

Provider Name: _____ Unit # _____ License Plate # _____

VIN # _____ Asset Type: _____

Time Enroute to Demob: _____ Time Arrived At Demob: _____ Time Departed Demob: _____

Time Arrived Back at Home Agency: _____ Arrival Time Verified By: X

Crew Information

First Name	Last Name	NREMT Cert#	DL # & State	Cell #

Equipment/Vehicle Check Off

700Mhz Radio?	<input type="checkbox"/> Y <input type="checkbox"/> N	HEAR Radio?	<input type="checkbox"/> Y <input type="checkbox"/> N	Returned 700Mhz Radio?	<input type="checkbox"/> Y <input type="checkbox"/> N	SN: _____
EKG Monitor	<input type="checkbox"/> Y <input type="checkbox"/> N	Drug Box	<input type="checkbox"/> Y <input type="checkbox"/> N	Advanced Airway Kit	<input type="checkbox"/> Y <input type="checkbox"/> N	
Stretcher	<input type="checkbox"/> Y <input type="checkbox"/> N	Vehicle Damage?	<input type="checkbox"/> Y <input type="checkbox"/> N	Pictures Taken?	<input type="checkbox"/> Y <input type="checkbox"/> N	

New Damage Claimed On Vehicle? Y N Explain in Writing: _____

Area Of Vehicle? _____ Other Area: _____

Signatures & Assignment

Unit Demobilized to:	_____	
Crew Lead (Print Name)	_____	Crew Lead X
Inspector (Print Name)	_____	Inspector X