



# State of Louisiana TOC/BEMS Surge Unit Registration Form

Date:		Event Name:	
Under Contract #		Approved By:	Level of Care:
Provider Name:		Unit #	License Plate #
State Decal #	Decal Exp. Date:	VIN #	
Asset Type:		Max # Transport Capacity:	
Time Unit Enroute to APS:		Time Arrive APS:	Time Assigned By APS:

### 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	Issued 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	
Area Of Vehicle?				Other Area:		

### Signatures & Assignment

Initial Assignment:		
Crew Lead (Print Name)		Crew Lead <b>X</b>
Inspector (Print Name)		Inspector <b>X</b>