



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	X
Inspector (Print Name)			Inspector	X