



# 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>