Central Shenandoah Emergency Medical Services Council
2312 West Beverley Street, Staunton, VA 24401 (540) 886-3676 (800) 868-5646 FAX (540) 886-3735
www.csems.vaems.org Email: csems@vaems.org

CSEMS Equipment Reservation Form

Please allow 5 business days for one of the training staff to approve your request.

Date: _____

Check out Date: ☐ Expected Return Date: ☐

Name: _____ Affiliation: _____
Phone: _____
Reason for equipment use: _____
Location of equipment use: _____

#	Equipment

I understand that it is my responsibility to (check each):

☐ Return the equipment in a timely manner.
☐ Return equipment in reasonable condition.
☐ Replace lost or damaged equipment.
☐ Adhere to the policies listed above.

_____
Borrower's Signature

Office Use Only

Request Approved By: _____ _____
Date

Equipment Return

Date Returned: _____ Accepted by: _____