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Central DuPage Hospital
Emergency Medical Services System

25 N. Winfield Road
Winfield, IL 60190

Phone: 630.933.6910
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New or Additional Equipment Request

The addition of equipment used for patient care purposes requires approval from the Central DuPage Emergency Medical Services System and Medical Director. This for must be completed in its entirety and submitted to the EMS Office ***PRIOR*** to the use of requested new or additional equipment in the provision of patient care. Said equipment may not be used for patient care purposes until this request is approved and returned to the requesting agency.

Date: / / EMS Agency: Select EMS Agency Name

Name of Requestor:

Request submitted for: New Equipment Additional or Replacement Equipment

Item Name / Description:

Manufacturer: Vendor: (If Different from Manufacturer)

Item Number / Reference Number:

Level of Care Required for Equipment Use: ALS BLS First Responder

Is specialized or additional training required? No Yes

Explain Additional or Specialized Training Required (If Applicable):

For New Equipment, does current SOP apply or make provision for use? No Yes

List Current SOP / Policy that applied to equipment use: _____

Explain need for SOP / Policy Addition or Change:

Describe how Equipment will *directly* benefit the provision of patient care (Attach additional information as needed:

****STOP** EMS Personnel do NOT write below this line. For Administrative use only!**

EMS System Review: Approved Denied Additional Information Required

Comments / Notes:

EMS System Coordinator Signature: Date: ____ / ____ / ____

EMS Medical Director Signature: Date: ____ / ____ / ____

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Form #: CDHEMSS-008 New or Additional Equipment Request
Approved: 08/2018 Revised: N/A