Print Form Clear Form

Central DuPage Hospital
Emergency Medical Services System

25 N. Winfield Road
Winfield, IL 60190

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Non-Disposable Equipment Receipt

Please complete this form in its entirety.

One copy is to be retained by agency leaving equipment, second copy to be left with receiving facility EMS office.

Pursuant to this form, named hospital agrees to accept responsibility for the safekeeping of the following equipment:

Equipment Name or Description:	Quantity:

Facility Name: Select Facility Name

List Other (If Applicable):

Date Equipment Left: / /

Time: HRS

Patient Name:

EMS Report #:

EMS Agency Name: Select EMS Agency Name

Unit / Vehicle #:

Signature of EMS Provider:

Printed Name of EMS Provider:

Signature of Individual Receiving Equipment:

Printed Name of Individual Receiving Equipment:

If equipment is not labeled with EMS agency name, do NOT sign

Date Equipment Returned: / /

Signature of EMS Provider Receiving Equipment:

Printed Name of EMS Provider Receiving Equipment:

Non-Disposable Equipment Receipt

Form #: CDHEMSS-001 Non-Disposable Equipment Receipt
Approved: 08/2018 Revised: N/A