



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

Please complete only the highlighted areas