INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

FY2008 CAPITAL EQUIPMENT REQUEST & CODE BLUE **UPDATE**

**PLEASE RETURN THIS FORM BY 12/29/2006**

Page _____ of _____

Total Amount of Request: _____

Organization: _____

This is a list of items that were on your capital grant request for fiscal year 2008. Please update the items listed below. **Use the attached form to add any additional items the squad may need.** Feel free to make additional copies if more space is needed.

Person Completing Form: _____

Local Medical Advisor(PRINT): _____

Address: _____

_____

As the Medical Advisor, I have reviewed and approved the following equipment as being medically and operationally necessary.

Phone: _____

X_____

Medical Advisor's Signature

Please prioritize each item 1, 2 or 3 with 1 being the highest priority. Funding is almost never available for all equipment requests. Designating priority 1 does not guarantee funding for that particular item, but it will help as we try to set region-wide priorities in the face of limited funds. If you have any questions please contact Samara Steele at IREMSC by phone 907-456-3978 or email resource@iremsc.org

| ITEM NAME | QUANTITY | PRIORITY | PRICE | SOURCE | JUSTIFICATION (attach additional information if needed) |
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_____ is not requesting these funds through any other channel and/or do not have any other contractual prohibition to making this request.

_____ or _____

President, Board of Directors Chief of Service