UnityPoint Health
Des Moines

Equipment Reservation Form-Advanced

(please print)

Ordered By:	
Company:	
Address:	
City/State/Zip:	
Phone: ( )	

Order Date:
I have reserved equipment before: ☐ Yes ☐ No
Starting Date Needed:
Ending Date Needed:

Quantity	Description	Price Each	Total Price	Date Returned
	Arrhythmia Simulator	25.00		
	Bag Valve Mask Device-Adult	5.00		
	Bag Valve Mask Device-Infant	5.00		
	Defibrillation Chest Plate	20.00		
	Infant CPR mannequin (with intubation head & IO leg)	45.00		
	Intubation Head-Adult	50.00		
	Intubation Head-Infant	25.00		
	Infant IO leg	20.00		
	ACLS DVD	5.00		
	PALS DVD	5.00		
	PEARS DVD	5.00		
	Torso for Tracheostomy/NG	25.00		
	Other:			
		TOTAL		

- I agree to reimburse UnityPoint Health Des Moines - TC for any damage to the equipment that occurred while in my care.
- I agree to replace any missing part(s) not included in the package returned to UnityPoint Health-Des Moines TC.
- I agree to decontaminate manikins following the Manikin Decontamination Procedure, and to replace the lungs, and reassemble the manikin(s). Failure to comply with these requirements will result in a $10 charge.
- I agree to notify UnityPoint Health-Des Moines TC of any problems with the equipment or damage immediately so repairs may be made promptly.

Signed _____ Date _____

Return Completed Form to:
robin.gilbert@unitypoint.org or fax 515-241-5038
UnityPoint Health-Des Moines Training Center
c/o Simulation Education Center
1200 Pleasant Street
Des Moines, IA 50309
(515) 241-6811
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