



### Spearfish Emergency Ambulance Service, Inc

715 E. Colorado Blvd., Spearfish, SD 57783

Phone: (605) 642-8810 Fax: (605) 717-0193

[www.spearfishambulance.com](http://www.spearfishambulance.com)



#### EQUIPMENT RENTAL AGREEMENT

<b>Name:</b>						
<b>Address:</b>						
<b>City:</b>						
<b>State:</b>			<b>Zip:</b>			
<b>Phone:</b>			<b>E-Mail:</b>			
<b>Schedule</b>						
<b>Pick-Up</b>				<b>Return</b>		
<b>Date:</b>		<b>Time:</b>		<b>Date:</b>		<b>Time:</b>

#### AGREEMENT

I certify that I have read and agree to follow the Spearfish Ambulance TC Policies and Procedures, including the Decontamination policy, and this agreement. I understand that it is my responsibility to clean all equipment according to the Spearfish Ambulance TC Decontamination policy and the manufacturer guidelines and return the items in proper working condition by the above scheduled return date and time. I understand that I may be charged for any repairs needed if equipment is not returned in proper working condition. I understand that I may be charged for full replacement cost of item(s) due to: 1) use of disposable item(s); 2) loss; 3) destruction regardless of cause. I agree to pay all fees as listed on the Rental Fee Schedule and, if aligned with this TC, Card Cost Fee Schedule. I understand that all rental fees are due at the time I pick-up the rental items.

#### PICK-UP

Renter's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
I agree to the terms listed above.

Renter's Printed Name: \_\_\_\_\_

Executive Director or Designee's Signature: \_\_\_\_\_

#### RETURN

Renter's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
I certify that I have returned all items in accordance with terms listed above.

Renter's Printed Name: \_\_\_\_\_

Date Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Returned: \_\_\_\_:\_\_\_\_ Staff Signature: \_\_\_\_\_

#### CHECK-IN (Office Use Only)

Date/Time of Actual Return:						
Received by (SEAS Representative):						
Additional Fee(s)		YES	NO	Amount Due:		
Description of Additional Fee(s)						
Notes:						

## Spearfish Emergency Ambulance Service, Inc

### FEE SCHEDULE

Equipment Item	Price Per Day	Quantity	Total
<b>RENTAL KITS</b>			
<b>BLS HCP Kit</b> – Manikin Kit, Infant Manikin kit, BVM Kit, AED Trainer, HCP DVD <i>Extra Manikin Kit \$5 each</i>	\$25.00 /day For 1 Kit		
<b>Heartsaver® Kit</b> – Manikin Kit, Infant Manikin Kit, First-Aid Kit, AED Trainer, HS FA DVD <i>Extra Manikin Kit \$5 each / May be charged for disposed FA items</i>	\$25.00 /day For 1 Kit		
<b>Manikin Kit</b> – 5 adult/child, 2 infant, 5 adult masks, 2 infant masks, 10 blue valves.	\$20.00/day		
<b>Infant Manikin Kit</b> – 5 infant, 5 infant mask, 10 blue valves.	\$20.00/day		
<b>First-Aid Kit</b> – 5 Epi Pen, 2 SAM Splint, 4 Fluff Roll, 2 Triangle Bandage, 4 4x4 gauze. (May be charged for disposed items)	\$20.00/day		
<b>Bag-Valve-Mask Kit</b> – 5 Adult, 5 infant/child	\$10.00/day		
<b>ACLS Kit</b> – Little Annie, Airway Head/Torso, Rhythm Generator, Monitor, Drug Kit, Intubation Kit, IV Kit, 2010 Guidelines Handbook, ACLS General Supplies Kit	\$60.00/day		
<b>PALS Kit</b> – Child Manikin, Infant Manikin, Infant Airway Head, Infant IO Kit, Rhythm Generator, Monitor, Drug Kit, Intubation Kit, IV Kit, 2010 Guidelines Handbook, PALS General Supplies Kit	\$60.00/day		
<b>RENTAL DVDs</b>			
Heartsaver® First Aid (First Aid CPR/AED & Just CPR/AED DVDs)	\$20.00/day		
BLS HCP	\$20.00/day		
ACLS	\$20.00/day		
PALS	\$20.00/day		
PEARS	\$20.00/day		
<b>RENTAL EQUIPMENT</b>			
Adult/Child CPR Manikin	\$5.00/day		
Infant CPR Manikin	\$5.00/day		
AED Trainer	\$5.00/day		
Adult Mask	\$1.00/day		
Infant Mask	\$1.00/day		
Blue Valve	\$0.50/day		
Adult Bag-Valve-Mask	\$2.00/day		
Infant/Child Bag-Valve Mask	\$2.00/day		
Rhythm Generator – Small / Large (circle one or both)	\$20.00 each/day		
Adult Airway Head	\$20.00/day		
Adult Airway Head/Torso	\$20.00/day		
Infant Airway Head	\$20.00/day		
PALS Infant Manikin	\$20.00/day		
PALS Child Manikin	\$20.00/day		
Airway Kit - Basic / Combi-Tube / LMA (circle kit(s))	\$10.00/day		
Intubation Kit	\$10.00/day		
Drug Kit	\$10.00/day		
ACLS General Supplies Kit	\$10.00/day		
PALS General Supplies Kit	\$10.00/day		
Infant IO Kit	\$20.00/day		
Other Items:	\$ _____/day		
	\$ _____/day		
	\$ _____/day		
<b>PURCHASE ITMES</b>			
Soft Face Shields 1/student	\$0.30/each		
Manikin Lung Bags 1/manikin used	\$0.60/each		
CPR Keychain Mask w/gloves (5372490)	\$7.00/each		
Hard Case CPR Mask (R5014)	\$5.00/each		
Small CPR Keychain Mask (531102)	\$5.00/each		
			<b>Total Due</b>