

	<b>Lower Providence Emergency Medical Service Standard Operating Guidelines</b>	
	<b>Subject:</b> <i>Administration</i> – Equipment Return / Exchange Form	<b>SOG #100-016A</b>
	<b>Approved:</b> Chief Christopher J. Reynolds	<b>Initiated:</b> January 2020  <b>Revised:</b> N/A

### Equipment Return and/or Exchange Form

Date: \_\_\_\_\_

Returned /Exchanged By: \_\_\_\_\_

Received By: \_\_\_\_\_

Digital Pager & Charger  
Serial Number: \_\_\_\_\_

Substation Key Fob: \_\_\_\_\_

Uniform Shirt(s) SS (Qty) \_\_\_\_\_ (Size) \_\_\_\_\_

Uniform Shirt(s) LS (Qty) \_\_\_\_\_ (Size) \_\_\_\_\_

Uniform Fleece(s) (Qty) \_\_\_\_\_ (Size) \_\_\_\_\_

Reflective Coat Issued # \_\_\_\_\_ (Size) \_\_\_\_\_

Gear Bag Issued # \_\_\_\_\_ Returned # \_\_\_\_\_

Reissued # \_\_\_\_\_

I acknowledge that the following equipment has been returned and/or exchanged as stated above.

Signature of Returnee: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Acceptance: \_\_\_\_\_

Date: \_\_\_\_\_