

# CPR Consultants, Inc.

## AHA Training Center

7404 Chapel Hill Rd. Suite G Raleigh, NC 27607  
 Office: (919) 850-9295 Fax: (919) 235-0842  
 cprconsultants@nc.rr.com ♦ www.cprconsultants.com

## EQUIPMENT RENTAL POLICY AND AGREEMENT

Name: \_\_\_\_\_

Date of request: \_\_\_\_\_

Phone: \_\_\_\_\_

Date(s) needed: \_\_\_\_\_

<u>EQUIPMENT RENTAL X #</u> (* Includes 1 lung/manikin per day)	<u>COST PER DAY</u> (24 hours = day rental)	<u># OF DAYS</u> <u>RENTED</u>	<u>EQUIP</u> <u>NUMBER</u>	<u>RENTAL</u> <u>COST</u>	<u>CHECK</u> <u>OUT IN</u>
<input type="checkbox"/> "Little Annie" Adult manikin X ____*	\$25.00 each				
<input type="checkbox"/> "Resci -Junior" Child manikin X ____*	\$25.00 each				
<input type="checkbox"/> Adult Actar© 10-pack manikins X ____*	\$25.00 each				
<input type="checkbox"/> Adult Actar© 5-pack manikins X ____*	\$15.00 each				
<input type="checkbox"/> Infant Actar© 10-pack manikins X ____*	\$25.00 each				
<input type="checkbox"/> Infant Actar© 5 pack manikins X ____*	\$15.00 each				
<input type="checkbox"/> AED Trainer (brand: _____ )	\$25.00 each				
<input type="checkbox"/> Face Mask X ____	\$ 1.00 each				
<input type="checkbox"/> Bag-valve-mask X ____	\$ 2.00 each				
<input type="checkbox"/> CPR video (HS HCP AED BFA _____)	\$ 10.00 each				
<input type="checkbox"/> Other:					

Subtotal: \$ \_\_\_\_\_

Tax (6.75%): \$ \_\_\_\_\_

Total all Charges: \$ \_\_\_\_\_

### POLICY AND AGREEMENT TERMS (Please read and initial each line.)

Manikins are only rented to CPR Consultant Training Center members with at least 48-hour advance notice and pickup/drop off at our office is by appointment only. Manikins are rented on availability and a first come-first serve basis.

\_\_\_\_\_ All equipment is to be signed out and back in on return.

\_\_\_\_\_ Rental of all equipment is limited to consecutive 2 business days. A credit card is required to hold rental equipment and payment is expected with pickup. Any addition fines will be billed to the credit card account.

\_\_\_\_\_ CPR Consultants will do all the decontamination of rental equipment. All used heads and masks are to be placed inside black garbage bag (do not place any used heads inside carrying bags!) All other "clean" equipment pieces are to be returned to carrying bags. Used lungs are to be deposited properly by renter.

\_\_\_\_\_ Manikins are to be returned in pre-rental working order. Failure to comply will create future rental restrictions by CTC and replacement costs will be applied to credit card.

\_\_\_\_\_ Full cash value is due for any equipment damaged or missing (actual replacement and/or repair costs) within 2 weeks of written notification. All equipment is to be accounted for and checked in by CPR Consultants on return.

\_\_\_\_\_ **Late fees:** 1/2 of the total rental fee for every hour 1-8 hours late; full day's rental fee if equipment is 8+ hours late.

Rental Applicant (print name clearly)

Date

Signature of Applicant

CPR Consultants (Authorized Signature)

### FOR OFFICE USE ONLY

Payment method: Cash \_\_\_ Check# \_\_\_\_\_ CC (MC/Visa)

Date payment received: \_\_\_\_\_

Date/time equipment checked out: \_\_\_\_\_ @ \_\_\_\_\_

Date/time equipment returned: \_\_\_\_\_ @ \_\_\_\_\_

Check-out Equipment Condition: \_\_\_ Excellent \_\_\_ Good

Returned Equipment Condition: \_\_\_ Excellent \_\_\_ Good

Checked out by: \_\_\_\_\_

Checked in by: \_\_\_\_\_

Additional fines assessed to CC: \$ \_\_\_\_\_ Reason: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date/L3D: \_\_\_\_\_

Name on card: \_\_\_\_\_ Billing address for card: \_\_\_\_\_