

CPR Consultants, Inc.

AHA Training Center

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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 (7.75%): \$ _____

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: _____