

# 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>RENTAL</u> <u>COST</u>	<u>CHECK</u> <u>OUT</u>	<u>CHECK</u> <u>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 ____*	\$40.00/pack				
<input type="checkbox"/> Adult Actar© 5-pack manikins X ____*	\$25.00/pack				
<input type="checkbox"/> Infant Actar© 10-pack manikins X ____*	\$40.00 /pack				
<input type="checkbox"/> Infant Actar© 5 pack manikins X ____*	\$25.00/pack				
<input type="checkbox"/> AED Trainer (brand: _____ )	\$25.00 each				
<input type="checkbox"/> Face Mask X ____	\$ 1.50 each				
<input type="checkbox"/> Bag-valve-mask X ____	\$ 2.00 each				
<input type="checkbox"/> Heartsaver Video (CPR/AED/FA)	\$ 25.00 each				
<input type="checkbox"/> BLS for Healthcare Provider Video	\$ 15.00 each				
<input type="checkbox"/> Other:					

Subtotal: \$ \_\_\_\_\_  
 Weekend Rental -  
 Add \$25 fee \$ \_\_\_\_\_  
 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. Payment is due upon equipment pickup. Any addition fines will be billed to the credit card account.
- \_\_\_\_\_ CPR Consultants will do all decontamination of rental equipment. All used heads and masks must be placed inside garbage bag. **Do not place any used heads, facemasks, and orange pieces 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. For example, if you rent equipment on Thursday at 10am, it must be returned by 10am on Friday, to avoid late fees.

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: \_\_\_\_\_

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