Montana EMSC

Training Manikin Check-Out Form

Contact Name: _____

Name Of Facility/Service: _____

Physical Mailing Address: (no PO Boxes)

_____

_____

Date Needed:_____

Check The Manikin Types(s) Needed:

_____OB pelvic manikin with twins

_____Pediatric Leg IO Manikin

_____Pediatric IO

_____Pediatric Airway

_____ Pediatric CPR Trainer

_____AED trainer with pediatric pads

_____Pediatric manikin ALS trainer comes with scenario booklet

_____High-def manikin available for mock code simulation training

Please ship back within one week from the above date to:

MT DPHHS, EMSC
ATTN: Kelly Little, Cogswell building, C303
111 North Sanders
HELENA MT 59620

Would you be willing to write a short synopsis of your training? If so, please send it to kelly.little@mt.gov.