Equipment Request Form

EMS Provider Name: _____ Date: _____

ITEM	Size	Length (if applicable)	Quantity Issued	Quanity to Order	Date Ordered	Date Received
T-Shirt (Navy)						
T-Shirt (Specialty _____)						
Polo Shirt						
Pants (Navy, Utility)						
Shorts (Navy, Utility)						
Velcro Trouser Belt						
Boots **(8", Quarter, Oxford)**						
Job Shirt						
Jacket						
Ball Cap						
Dress - Short Sleeve Shirt						
Name Plate						
Serving Since Bar *(Officer)*						
Badge						
Collar Pins						
Dress - Long Sleeve Shirt *(FTE)*						
NCEMS ID						
NCEMS Cheat Card						
Helmet - Cairns						
Helmet - Title Rockers						
Helmet - EMS Number						
Helmet - ICONS						
Nomex Hood						
Coat - Globe EMS Gear						
Hood - Globe EMS Gear						
Pants - Globe EMS Gear						
Suspenders - Globe EMS Gear						
Safety Vest						
Gloves - Ringer Extication						
Boots - Globe						
EMS Gear Bag						

Signatures:

EMS Provider: _____ Date: _____

EMS Officer Issuing: _____ Date: _____

EMS Officer Ordering: _____ Date: _____