



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**

_____ **Pediatric Nick special needs baby comes with a scenario booklet**

_____ **AED trainer with pediatric pads**

_____ **Pediatric manikin ALS trainer comes with scenario booklet**

_____ **High def manikin available for mock code simulation training** (schedule with Jason Mahoney with 373 Consulting jason@373consulting.com)

Within One Week From Above Date --Ship Back To:

MT DPHHS, EMSC

ATTN: Kelly Little

Cogswell BLDG, 1400 Broadway

HELENA MT 59620

Willing to write a short synopsis of your training? Send to kelly.little.gov.

