

**Dependable Reliable Service CPR Equipment  
and Supply Rental Agreement Form**

<b>Name:</b>		<b>Last Four of SSN #:</b>	
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>	<b>Work</b>		<b>Home</b>
<b>Name as it appears on Credit Card:</b>			<b>CSV:</b>
<b>Driver License Number:</b>			
<b>Type:</b>		<b>Number:</b>	<b>Exp Date:</b>
<b>Pickup:</b>			
	<b>Date</b>		<b>Time</b>
<b>Return:</b>			
	<b>Date</b>		<b>Time</b>

**Rental Equipment / Supplies:**

<b>Item</b>	<b>Per Day Rental</b>	<b>Quantity</b>	<b>Total Cost</b>	<b>Return Date/Time</b>	<b>Received by (initials)</b>
Adult/ Child Manikin	\$10				
Infant Manikin	\$10				
5 pack Adult/ Child Manikin	\$30				
7 pack Adult/Child Infant Manikin	\$40				
AED Trainer	\$10				
Bag/Valve/Mask (BVM set)	\$5				
Healthcare Provider DVD	\$10				
Heartsaver First Aid DVD	\$10				
Heartsaver CPR DVD	\$10				
ASHI DVD	\$10				
National Safety Council DVD	\$10				
All other DVD\$	\$10				
Face Shield (disposable) <b>Purchase ONLY</b>	\$.50 each				
<b>Little Anne (4) Pack</b>	\$30				
<b>Little Infant (4) Pack</b>	\$30				
All other Manikins	\$10				
<b>Amount Due</b>					

It is the responsibility of the renter to clean each manikin according to the AHA Decontamination procedure and the manufacturer guidelines (included in each manikin rental bag) and return the rental items in proper working condition. The renter will be charged for any repairs that may be needed if equipment is not returned in proper working condition. The renter will be charged for full replacement cost of equipment item(s) due to loss or destruction regardless of cause.

Note: A \$20 late fee will be assessed per day to each item rented beginning one hour past the above documented return time.

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**SIGN-OUT:**

I have read the Equipment Rental and Decontamination Policies and agree to follow them. I understand that failure to meet all terms may result in termination of my manikin rental opportunities.

**Renter' Signature:** \_\_\_\_\_

**Date/Time of Pickup:** \_\_\_\_\_

**RETURN:**

I certify that I have performed decontamination procedures according to DRS AHA guidelines and manufacturer instructions on the CPR equipment and supplies I am returning.

<b>Renter Signature:</b>	
<b>Date/Time</b>	

**CHECK-IN:**

<b>Date/Time of Actual Return:</b>			
<b>Received by (DRS Representative):</b>			
<b>Additional Fees:</b>	YES	No	AmountDue:
<b>Payment Method:</b>			

**If you don't see it listed please ask and we can get it!**