

Coshocton County EMS

513 Chestnut Street
Coshocton, Ohio 43812
740-622-4294 (Office)
740-622-4829 (Fax)



EQUIPMENT MAINTENANCE REQUEST

Date
Station
Name of Equipment

DETAILED DESCRIPTION OF EQUIPMENT PROBLEM

Submitted By: _____	Serial Number on Equipment _____
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Does the problem pose a safety concern? Yes No

If, “yes”: Take the piece of equipment out of service immediately.

A member of the Leadership Team must be contacted anytime equipment is taken out of service.

FOR ADMINISTRATIVE USE ONLY:

Routed To: _____

Date Received: _____

A copy of the service repair form must be attached to this document before placing equipment back in operation. If the piece of equipment is unable to be repaired, then it will be permanently taken out of service by someone in Administration and properly discarded.

EQUIPMENT IS UNABLE TO BE REPAIRED AND IS PERMANENTLY OOS:

Date: _____

Signature: _____

Title: _____