

SEVEN MOUNTAINS
EMERGENCY
MEDICAL SERVICES
COUNCIL, INC.



Andy the Ambulance Usage Request Form

Contact Person: _____

Telephone # (____) _____ E-mail: _____

EMS Organization: _____

Date(s) of use: _____ Time(s): _____

Activity: _____

Operator: _____ Requested¹ _____ Provided

Delivery: _____ Request Delivery¹ _____ Will pickup

Return: Date: _____ By whom: _____

Andy is a very good public relations tool and an effective way to “get our message out” to elementary aged children; but, like all Robotronics (Robotics/electronics) it is somewhat fragile and needs to be **HANDLED WITH CARE**. Operators need to be familiar with its operation prior to the event(s). Operators **MUST** read the “Operating Tips & Safety Information” within this packet.

Council wishes to thank Centre, Clinton, Juniata & Mifflin County residents along with the PA Department of Health, Bureau of EMS for providing funds to make this project a reality.

By signing below, the agency identified above agrees to be responsible for any damage, excessive of normal wear and tear, to or caused by “Andy” while under their control. Any damaged or defective equipment will be reported to Council upon return of the equipment.

Signature – Agency Official

Title

Date

¹ Requests for Council to provide an operator and/or delivery-pickup will be reviewed and approved as resources are available.