

**SEVEN MOUNTAINS
EMERGENCY
MEDICAL SERVICES
COUNCIL, INC.**



Andy Usage Reporting Form

(if additional space is needed for any of the areas, please use back of form)

Agency: _____

Where used: _____

Type of function: _____

Date(s) _____ Time(s) _____

of participants: _____ # less than 10 yrs old: _____

Operator(s) _____

Used (please check)

Robot Battery		Remote Control	
<input type="checkbox"/>	Battery 1	<input type="checkbox"/>	Battery 1
<input type="checkbox"/>	Battery 2	<input type="checkbox"/>	Battery 2

Comments:

Broken/Missing/Problems: