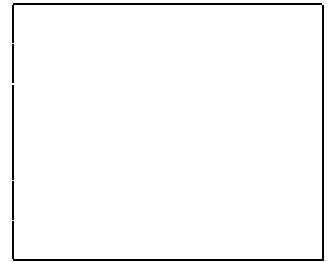




State of Louisiana TOC/BEMS Surge Unit Demobilization Form



End of Activation
Demobilization
OOS Demobilization

_____ Event Name

Louisiana
Placard Number

_____ Contract Number _____ Tracking Number

_____ Placard # replacing this unit

_____ Date Deactivated _____ Time Deactivated

Ambulance

_____ Provider Name

_____ Unit Number

_____ License Plate#

_____ Legal First Name

_____ Nick Name

_____ Last Name

_____ Person completing form

_____ Legal First Name

_____ Nick Name

_____ Last Name

_____ Person completing form Email

Dispatch

Demobilized from: _____

Dates/Times Date Time

Enroute to APS: _____

Unit Arrived APS: _____

Arrived Base of OP: _____

Base of
Operation Location: _____

Reason for premature demobilization (if applicable):

Signatures

_____ Crew Lead Name

_____ BEMS Representative

_____ Crew Lead Signature

_____ BEMS Representative Signature

Please email form to: (cut & paste)
Ambulance.standards@la.gov