



### 5.04 EQUIPMENT REPAIR/REPLACEMENT FORM

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#### 5.04.1 RELATED DOCUMENTS

- 5.04 Public Safety Lifeline Equipment Repair/Replacement Policy
- 5.04 Public Safety Lifeline Equipment Repair/Replacement Procedures
- 5.04 Public Safety Lifeline Equipment Repair/Replacement FAQs
- Equipment Repair/Replacement Request Form

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#### 5.04.2 INSTRUCTION FOR THE FORM FIELDS

- (1) The date the form is completed, not the date of the event or loss /damage. Use yyyy-mmm-dd.
- (2) The EMBC region (Central = CTL; Northeast = NEA; Northwest = NWE; Southeast = SEA; Southwest = SWE, and Vancouver Island = VIR).
- (3) The area that the incident occurred (e.g. Mile post 75 on Hwy 16).
- (4) The task number provided for the incident.
- (5) Check the appropriate box for personal or group owned equipment.
- (6) Identify who is seeking the claim for the lost or damaged equipment.
- (7) Brief description of the piece of equipment. Each type of equipment should be claimed for individually.
- (8) Unit of measure: a single item, a set, package, or whatever the unit of measure is for the piece of equipment.
- (9) How many units of this type of equipment are being claimed (e.g. 40 feet of rope).
- (10) The best replacement or repair cost that has been quoted to the claimant. Remember to acquire 3 separate quotes to be submitted with the form.
- (11) Total cost of repair/replacement for the type of equipment.
- (12) Individual or group name and address.
- (13) Briefly explain the circumstances that occurred to lead to the need for a claim of repair or replacement.



## 5.04 INSTRUCTIONS

Created: 2018 OCT 09

Revised:

(14) Signature of the lead of the Public Safety Lifeline Volunteer group to certify that the claim is correct and appropriate.

(15) Use if multiple pages are being submitted.



# 5.04 INSTRUCTIONS

Created: 2018 OCT 09  
Revised:



## Equipment Repair/Replacement Request

Date: (1)

(5) EMBC Region: (2) Area: (3) Task#: (4)

|  |   |  |         |                                       |            |
|--|---|--|---------|---------------------------------------|------------|
| Group Equipment <input type="checkbox"/> | Personal Equipment <input type="checkbox"/> | Claimed by: (6)  |         |                                       |            |
| Item Description (7)                     |   | Unit <sup>‡</sup> (8)  | Qty (9) | Cost (10)                             | Total (11) |
| Owner (12)                               |   | Certification that equip. loss/damage was a result of an approved task. (14) |         |                                       |            |
| Justification (13)                       |   | Approved <input type="checkbox"/>  |         | Not Approved <input type="checkbox"/> |            |
|  |   | EMBC Regional Manager  |         |                                       |            |

|  |   |   |     |                                       |       |
|--|---|---|-----|---------------------------------------|-------|
| Group Equipment <input type="checkbox"/> | Personal Equipment <input type="checkbox"/> | Claimed by:   |     |                                       |       |
| Item Description                         |   | Unit <sup>‡</sup>   | Qty | Cost                                  | Total |
| Owner                                    |   | Certification that equip. loss/damage was a result of an approved task. |     |                                       |       |
| Justification                            |   | Approved <input type="checkbox"/>                                       |     | Not Approved <input type="checkbox"/> |       |
|  |   | EMBC Regional Manager   |     |                                       |       |

|  |   |   |     |                                       |       |
|--|---|---|-----|---------------------------------------|-------|
| Group Equipment <input type="checkbox"/> | Personal Equipment <input type="checkbox"/> | Claimed by:   |     |                                       |       |
| Item Description                         |   | Unit <sup>‡</sup>   | Qty | Cost                                  | Total |
| Owner                                    |   | Certification that equip. loss/damage was a result of an approved task. |     |                                       |       |
| Justification                            |   | Approved <input type="checkbox"/>                                       |     | Not Approved <input type="checkbox"/> |       |
|  |   | EMBC Regional Manager   |     |                                       |       |

<sup>‡</sup> Unit of Measure: each, package, or set