

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DRC EQUIPMENT RELEASE AGREEMENT**

(HOSPITAL)
REFERENCE NO. 1102.3

PURPOSE: To provide a mechanism for Disaster Resource Centers (DRC) to track DRC resources deployed to other facilities.

POLICY: The DRC shall utilize this checklist to document items deployed to other facilities.

Item Deployed	Quantity Deployed	Serial Number	Condition*

*1-New or Unused 4-Used in good condition 4a-Used in fair condition 4c-Usable without significant repairs

We, _____ (recipient) understand that the item(s) listed above are being deployed to us by _____ (DRC). We, _____ (recipient) understand that we will maintain these items in good condition and that we will be required to replace lost/stolen or damaged items, unless the damage is due to normal wear tear.

The _____ (DRC) representative, will transfer/release the item(s) listed above to us for _____ days, at which time, we, _____ (recipient) agree to return the item(s) listed above.

Released by: _____ Date released: _____

Received by: _____ Facility: _____

Returned by: _____ Date returned: _____

Returned Items received by: _____