



## Montana EMSC



### Training Manikin Check-Out Form

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Contact Name: \_\_\_\_\_

Name Of Facility/Service: \_\_\_\_\_

Physical Mailing Address: (no PO Boxes)

\_\_\_\_\_  
\_\_\_\_\_

Date Needed: \_\_\_\_\_

Check The Manikin Types(s) Needed:

\_\_\_\_\_ **OB pelvic manikin with twins**

\_\_\_\_\_ **Pediatric Leg IO Manikin**

\_\_\_\_\_ **Pediatric IO**

\_\_\_\_\_ **Pediatric Airway**

\_\_\_\_\_ **Pediatric CPR Trainer**

\_\_\_\_\_ **AED trainer with pediatric pads**

\_\_\_\_\_ **Pediatric manikin ALS trainer comes with scenario booklet**

\_\_\_\_\_ **High-def manikin available for mock code simulation training**

**Please ship back within one week from the above date to:**

MT DPHHS, EMSC  
ATTN: Kelly Little  
1401 Lockey Ave.  
HELENA MT 59601

*Would you be willing to write a short synopsis of your training? If so, please send it to [kelly.little@mt.gov](mailto:kelly.little@mt.gov).*

