



Training Manikin Check-Out Form

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.

