

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

U.S. COAST GUARD HEALTH CARE EQUIPMENT REQUEST

A. UNIT INFORMATION: This section is to be completed by the requesting unit.

Unit: Unit POC/Phone Number:	Shipping Address:	OPFAC:
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Equipment to be Replaced:	Manufacturer:	Est. Repair Cost:
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Acquisition Date:	Life Expectancy:
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Planned Replacement: Emergency Replacement: New Requirement:

Supply Source:
Federal Stock NSN: GSA Contract: Open Market:

Equipment Requested:	Manufacturer: _____ Model: _____	Equipment Cost:
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Accessories: 1. _____ 2. _____ 3. _____ Model: _____ Series: _____ Cost: _____	Accessory Cost:
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Installation Costs: YES <input type="checkbox"/> NO <input type="checkbox"/> Any Unusual/Special Requirements: YES <input type="checkbox"/> NO <input type="checkbox"/> Shipping Costs: YES <input type="checkbox"/> NO <input type="checkbox"/>	Installation Cost: _____ Shipping Cost: _____
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Manufacturer's Address:	Total Cost:
MFR's POC:	Telephone: _____

If Sole Source, provide FULL JUSTIFICATION on WHY this is a sole source request.

Comments: (If a replacement, explain why existing equipment is no longer satisfactory. If a new requirement, provide full justification and reference.)

Receiving Unit FAX or E-mail Confirmation on Receipt of Material.
Name: _____ Telephone: _____ Date Received: _____

Preparer Signature: _____ Date: _____	Commanding Officer Signature: _____ Date: _____
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