



Broward County HealthCare Coalition
PROPERTY RECEIPT

Project Modular Decon Kits (MDK)	Participating Agency (Fire Rescue or Hospital) Fort Lauderdale Fire Rescue	Date Received
QUANTITY	DESCRIPTION	
1	Modular Decon Kits (see Attachment A)	
<p>The Broward Healthcare Coalition (BCHC) has funded a grant to enhance response capabilities of participating agencies (4 Special Operation EMS/FR Teams) that meet the BCHC attendance requirements.</p> <p>The goal of the Modular Decon Kits distribution is to enhance the participating agency's ability to respond to a wide range of emergencies. The Modular Decon Kit (MDK) is a Decon kit used to decontaminate responders, patients, and or surfaces exposed to various organophosphate, 4th generation nerve agents, and synthetic opioid compounds. The MDK includes equipment to treat 50 – 150 contaminated patients depending on the severity of the incident.</p> <p>PARTICIPATING AGENCY's CERTIFICATION:</p> <p>I hereby affirm and certify that the BCHC has transferred to PARTICIPATING AGENCY the property acquired under the grant agreement for the project referenced above in accordance with the grant agreement requirements, and that PARTICIPATING AGENCY shall provide to BCHC Project's Leader all required information.</p> <p>This section is to be fully completed by your Fire Chief of the EMS/Fire Rescue agency.</p> <p style="text-align: center;">Modular Decon</p> <p>I hereby authorize the acceptance of the Man vs. Machine Rescue Kit and permit the designated representative of this department to take possession of the medications.</p> <p>Participating Agency's Fire Chief Name (please print): Rhoda Mae Kerr</p> <p>Signature: _____ Date: _____</p> <p>Participating Agency's Authorized Signatory and Title Chris Lagerbloom, CM-ICMA</p> <p>Signature: _____ Date: _____</p> <p style="text-align: center;">(Below to be completed by BCHC Project Lead)</p> <p>Project Lead Print: _____</p> <p>Signature: _____</p>		

“ATTACHMENT A”
Equipment Donation Form

ACKNOWLEDGMENT OF RECEIPT FORM

____ (1) Packing Guide
____ (1) 36” x 36” Shuffle Pit
____ (50) FiberTect 6” x 12” wipes
____ (50) FiberTect 12” x 12” wipes
____ (2) S-Cut 501s
____ (50) FiberTect Mitts (25 on top, 25 on bottom)
____ (10) 21mL Reactive Skin Decontamination Lotion (RSDL) Kits
____ (3) 36” x 36” FiberTect Shuffle Pit Liners
____ (10) 22 Oz Dahlgren Decon Ready-to-use Configurations
____ (2) Tactical Sprayer

The above listed equipment has been received by the below listed individual, pursuant to the Agreement with the Broward County Healthcare Coalition Office.

Agency Name: Fort Lauderdale Fire Rescue

Print Name: _____

Signature: _____ Date: _____