

MFR APPROVED CONSUMABLES ORDER FORM

Name of MFR Partnering Agency:		
Contact Person:		
Telephone:		
Shipping Address: (Include Postal Code)		
Item Description	Units Of Measurement	Quantity Requested
Adhesive Bandages	100 / Box	
Adhesive Tape	12 / Box	
Alcohol Wipes	200 / Box	
Backboard (Used)	Each	
Bag-Valve-Mask (BVM – Adult)	Each	
Bag-Valve-Mask (BVM – Pediatric)	Each	
Cold Packs	Each	
Defibrillator Pads	Each	
Hot Packs	Each	
Nasal Cannula (Adult)	Each	
Nasal Cannula (Pediatric)	Each	
Non-Sterile Gloves (Small)	100 / Box	
Non-Sterile Gloves (Medium)	100 / Box	
Non-Sterile Gloves (Large)	100 / Box	
Non-Sterile Gloves (X-Large)	100 / Box	
Non-Sterile Gauze - 4"x4"	20 / Box	
Oropharyngeal Airway (40mm)	Each	
Oropharyngeal Airway (50mm)	Each	
Oropharyngeal Airway (60mm)	Each	
Oropharyngeal Airway (70mm)	Each	
Oropharyngeal Airway (80mm)	Each	
Oropharyngeal Airway (90mm)	Each	
Oropharyngeal Airway (100mm)	Each	
Oxygen Mask (Adult) – Simple Face Mask	Each	
Oxygen Mask (Pediatric) – Simple Face Mask	Each	
Oxygen Tank (D Portable Tanks)	Each	
** Only Supplier: VitalAire		
Stabilization Collar (Adult)	Each	
Stabilization Collar (Pediatric)	Each	

Complete Form and Submit to:

Phillip Pollard - Central Operations Manager

Email: phillip.pollard@islandems.ca

Tel: (902) 892-9905 Fax: (902) 892-9993

ISLAND EMS OFFICE USE ONLY			
Date Filled / Sent:		Sent By:	
Date Received:		IEMS Management Approval:	

