

**REQUESTOR CONTACT INFORMATION**

Name	
Organization	Choose an item.
Title	
Email	
Cell Phone	

**SITE INFORMATION**

Site Name	
Site Address	
Site Location Description	
Site Point of Contact Name	
Site POC Cell Phone	
Date(s) requested for unit arrival:	
Date of expected return:	
Any additional information	

**Temporary Emergency Asset Request Agreement**

Prior to requesting the HEMBC Temporary Emergency Asset please confirm the following information:

Reason for Request	<input type="checkbox"/> Capacity Issues <input type="checkbox"/> Equipment Issues <input type="checkbox"/> Other: ___Evacuations_____
Site Requirements Confirmations	<input type="checkbox"/> Site Evaluation Worksheet Completed <input type="checkbox"/> Site location approved by HEMBC Leadership <input type="checkbox"/> Site location confirmed/approved by site leadership

**Financial Costs and Impacts**

Through the request for services the site / organization is responsible for the costs for the shipping of the unit to and from the site, as well as any usage maintenance that may occur due to current deployment. On-going and regular maintenance is the responsibility of PHSA/HEMBC. If the unit is damaged or destroyed while deployed to the site, the site will be held responsible for the repair and/or

replacement of the unit(s).

I, (Name)

On behalf of (organization)

- Understand and accept:
- Costs for the shipping of units to and from the site.
  - Costs for usage maintenance of units due to deployment.
  - Costs associated if the unit(s) are damaged or destroyed while deployed.
  - Required demobilization cleaning and packing of equipment prior to return shipment.

Cost Center *Required	Business Unit 5 digits	Fund 2 digits	Department 8 digits	Site 3 digits	Project Code optional

Date

If you have any questions, please feel free to contact HEMBC Provincial Operations at:

[HEMBCProvincialOperations@phsa.ca](mailto:HEMBCProvincialOperations@phsa.ca)