2013-2014 Mass Casualty Incident Equipment and Supplies Inventory
Exhibit 8

Provider Name & Zip Code:													
Inventory Completed By:													
Date Completed:			**County:**			**Region:**		**Contract #:**	**COP**				
												For Department Use Only	
Item Description	**Quantity**	**Unit Cost**	**Total Cost**	**Date of Purchase**	**Life Expectancy** (enter as months or years)	**Location**			**Serial Number**	**Condition Code***	**Preventive Maintenance Required** (Y/N)	**Category**	**Funding Source & Year**
						Hospital Name	**Department**	**Room Number**					
													ASPR 2013-14
													ASPR 2013-14
													ASPR 2013-14