



## Louisiana Mutual Aid System Equipment/Resource List

Date: \_\_\_\_\_

Member Company/Agency	Name of Company/Agency Head	Phone
Mailing Address	Title	
City, State, Zip Code	Mutual Aid System Contact	Phone
	Alternate Representative	Phone

**List below the contact you have designated to receive requests for aid, and that you have authorized to arrange for loan of such aid. Give the alternate names if 24-hour, 7-day service is not available from primary contact.**

Name/Title	Phone	24-Hour? Y / N
Alternate	Phone	Y / N
Alternate	Phone	Y / N
Are the above aware of the system and their responsibilities? <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 50px;">No</span>		

**List in following tables only such personnel, equipment and service you could loan to others in and emergency.**

	SPECIALITY OF PERSONNEL		NUMBER
PERSONNEL RESOURCES			
Fire, Rescue, EMT, Hazardous Materials, Medical Specialists, others			
FIRST AID	ITEM	DESCRIBE (size, type, capacity, etc.)	QTY.
Medical kits, stretchers, ambulances, cots, etc.			
FIRE EQUIPMENT			
Foam, hoses, pumps, nozzles, dry chemical, trucks, etc.			

	ITEM	DESCRIBE (size, type, capacity, etc.)	QTY.
<b>PROTECTIVE EQUIPMENT</b>  Respiratory protection, gloves, chemical protective suits, head protection, etc.			
<b>ELECTRICAL EQUIPMENT</b>  Generators, lighting, flood lights, flashlights, batteries, etc.			
<b>COMMUNICATIONS</b>  Cellular/digital phones, radios, satellite communications, mobile radios, etc.			
<b>VEHICLE AND MOTORIZED EQUIPMENT</b>  Cranes, cargo trucks, buses, liquid carriers, aircraft, boats, landmoving equipment, etc.			
<b>TOOLS</b>  Welding machines, cutting torches, rope, chain, Hurst Tools, handtools, etc.			
<b>MISCELLANEOUS EQUIPMENT &amp; SERVICES</b>  Sandbags, water, pumps, gas test instruments, rescue equipment, services, etc.			