

**Accomack County
Department of Public Safety
Equipment Request Form**

Name: _____

Assignment: _____

Item	Size	Qty.	Reason for Replacement	Completed
Helmet - Firefighting				
Helmet Shield – DPS# or Rank				
Helmet Name Accountability Tags				
Hood				
Coat – Bunker				
Pants – Bunker				
Suspenders				
Gloves – Firefighting				
Gloves – Leather Work				
Gloves – Extrication				
Boots – Leather FF				
SCBA Mask				
SCBA Mask Bag				
Extrication Glasses				
Gear Bag				
Traffic Safety Vest				
Streamlight Flashlight				
Glove Pouch				
EMS Bag				
--Hearing Protection				
--Eye Protection				
--Gown Kit				
--N95 Mask				
ID Card				

Signatures:

Fire Medic: _____ **Date:** _____

Remarks: _____

Battalion: _____ **Date:** _____

Remarks: _____

Please make sure to leave a copy of this form for Nicole B.