



FIRST AID SERVICES DRAWDOWN

Request # \_\_\_\_\_

FIRE CENTRE \_\_\_\_\_

Standing Offer # \_\_\_\_\_

Phone: \_\_\_\_\_ // Fax: \_\_\_\_\_ // Email: \_\_\_\_\_

MINISTRY SECTION

COMPANY NAME: \_\_\_\_\_ BUSINESS LOCATION: \_\_\_\_\_

COMPANY CONTACT NAME: \_\_\_\_\_ PH# \_\_\_\_\_ CELL# \_\_\_\_\_

COMPANY EMAIL: \_\_\_\_\_ FAX # \_\_\_\_\_

APPLICABLE RESOURCES REQUESTED:

	<b>OFA Level 3 Attendant</b>		<b>Driver with Class 4 &amp; OFA 1</b>		<b>Mobile Treatment Centre</b>		<b>Swap Out Vehicle</b>
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STANDBY DATES: \_\_\_\_\_ TO \_\_\_\_\_

STANDBY TIMES: \_\_\_\_\_ HRS TO \_\_\_\_\_ HRS

**You will be contacted by 16:00 hours on the day prior to effect for cancellation or amendments to standby requirements. Unless advised, standby requirements will lapse at the end of the above noted period.**

STAND DOWN – YOU ARE REQUESTED TO STAND DOWN THE ABOVE APPLICABLE RESOURCE(S) AS OF \_\_\_\_\_ (24 HOUR CLOCK) \_\_\_\_\_ (DATE)

DEPLOYED TO : \_\_\_\_\_ INCIDENT NUMBER: \_\_\_\_\_

SERVICES REQUESTED BY: \_\_\_\_\_ REQUIRED DATE/TIME: \_\_\_\_\_

MAXIMUM END DATE FOR DRAWDOWN: \_\_\_\_\_ (14 Work Days Max, not including travel days)

MINISTRY CONTACT/CALL SIGN : \_\_\_\_\_ PH : \_\_\_\_\_

DIRECTION TO INCIDENT: \_\_\_\_\_

**Comments:** (Travel Instructions, Etc.) Contact \_\_\_\_\_ at Fire Centre dispatch at \_\_\_\_\_ or via radio upon dispatch and arrival at destination. \_\_\_\_\_

ORDER DATE/TIME: \_\_\_\_\_

Logistics Officer: \_\_\_\_\_ Signature: \_\_\_\_\_

CONTRACTOR SECTION

**IN THE EVENT THE CONTRACTOR, WITHOUT THE CONSENT OF THE MINISTRY, DOES NOT SUPPLY THE FIRST AID SERVICES DESCRIBED IN THE DRAWDOWN, THE MINISTRY WILL BE AT LIBERTY TO SEEK ALL REMEDIES INCLUDING THOSE CONTEMPLATED UNDER THE STANDING OFFER.**

If not previously submitted, valid CGL (FIN 173) and vehicle insurance (APV 47) are attached

If not previously submitted, valid Class 4 Driver(s) License(s) and Level 3 First Aid Attendant Certificate(s) for all personnel.

Manifest(s) for Applicable Resources are attached. Please ensure call signs are submitted on Personnel Manifest. **Personnel manifest(s) must be faxed or emailed only when Personnel Changes are made or submitted the day prior while on standby or assigned to a fire.**

**By signing below, I confirm the following;**

Personnel and equipment being supplied meet the requirements of the standing offer. Also, personnel's fatigue will be managed by me and I confirm that I will provide adequate coverage that meets the Drawdown requirements. I am aware there are remedies within the standing offer for non-compliance.

Contractor Representative (Please print or type): \_\_\_\_\_ DATE \_\_\_\_\_ TIME: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_