



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:

	OFA Level 3 Attendant	Driver with Class 4 & OFA 1	Mobile Treatment Centre	Swap Out Vehicle
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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 : _____

DIRECTIONS 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: _____