King County

Office of Emergency Management
Department of Executive Services
3511 Northeast Second Street
Renton, WA 98056
Phone: (206) 296-3830

Hand Receipt Form

USE TO REPORT EQUIPMENT RECEIVED
FROM GRANT ***SHSP 2004***

STATE PURCHASED EQUIPMENT GRANT ONLY

STATE CONTRACT: E05-069/CFDA #: 97.004-ODP/FUNDING SOURCE NAME: 2004GE T4-0030

INSTRUCTIONS:

1. Fill out this form by hand ***OR*** electronically using Adobe Reader 7.0.
2. Print, sign and mail to KC OEM, **Attn. Christa Cole**, 3511 NE 2nd Street, Renton, WA 98056.

Adobe Reader 7.0 - FREE Download

Receiving Organization _____ ☐ Final recipient ☐ For distribution

Receiving Organization's Address

Street _____

City _____

State _____ **Zip Code** _____

Contact Person

Prepared By _____

Phone Number _____

E-Mail _____

Discipline (check the discipline that the equipment was issued for)

- ☐ Law enforcement
- ☐ Fire service
- ☐ Emergency medical services
- ☐ Emergency management
- ☐ Hazmat response
- ☐ Public works
- ☐ Public health
- ☐ Health care
- ☐ Public safety communications
- ☐ Government / administrative
- ☐ Citizen Corps Councils and Programs
- ☐ Nonprofit
- ☐ Other

We understand this is a one-time grant and as such, the final recipient is responsible for the maintenance, training, and proper storage of the equipment. Equipment lost, stolen or unrepairable will not be replaced. This grant does not mandate that your jurisdiction purchase replacement equipment if this equipment expires or is used for WMD/CBRNE purposes. If used for other purposes, Sub grantee will replace this equipment.

We will submit an Annual Inventory Review Form to OEM and will make the above listed equipment available for audit / inspection at OEM's request. We understand that our agency must report this equipment in accordance with OMB Circular A-87 and is subject to audit under OMB A-133.

We hold the Department of Homeland Security, the Washington State Military Department and King County OEM harmless for any and all damages that may result from the acceptance of this equipment, including data loss.

Authorized Signature _____ **Date** _____

Print Name _____ **Phone Number** _____

Job Title _____

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I hereby acknowledge receipt of the following equipment using Department of Homeland Security funds:

Equipment Category: PERSONAL PROTECTIVE EQUIPMENT

Item Code	Item	Est. Unit Cost	Units Received
1.1	Dupont Level B or C Hooded Chemical Protective Suit, Model CPF-3, SIZE XL	$ 129.00	
1.2	Nitrile gloves, SIZES L & XL	$ 3.50	
1.3	Latex Champion booties, SIZES L & XL	$ 2.00	
1.4	Chem-tape 2" x 60 yds	$ 16.00	
1.5	MSA Millennium respirator with filter & canister, SIZE S, M & L	$ 184.00	
1.6	MSA Milleninnum respirator, butyl coated, nylon hood	$ 57.00	
1.7	MSA belt mounted carrier for Millennium respirator	$ 12.00	
1.8	MSA Electronic Speech Amplifier for Millennium respirator	$ 199.00	
1.9	MSA canister, replacement, CBRNE	$ 25.00	
1.10	Breathe Easy (BE) 10 butyl hood system, w/ FR-57 cartridge, lithium batttery	$ 596.00	
1.11	APR Cartridge, used with PAPRs for CW, chocking agents	$ 23.00	
1.12	Tingley Hazproof boots, SIZES 7, 8, 9, 10, 11, 12 & 13	$ 44.00	
1.13	Second stage regulator upgrade kit for MSA, CBRN SCBA	$ 500.00	
1.14	Upgrade kit for MSA ultra elite face piece (part # 10028600 & 10053064)	$ 70.00	
1.15	MSA Clear command amplifier kit	$ 330.00	

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Serial Number

(Use the ***Item Code*** column in the previous page to identify the equipment and list ALL available serial numbers)

Item Code	Serial Number

Additional Comments: