TEMPORARY DOWNGRADE REQUEST FORM

DATE OF REQUEST: REQUESTED # OF DAYS:

COMPANY NAME:

# OF UNIT BEING DOWNGRADED: TYPE OF DOWNGRADE:

NEW UNIT # OF UNIT BEING DOWNGRADED: 

REASON FOR DOWNGRADE REQUEST: (Please explain/detail request)

If applicable, has all NEO equipment been removed or returned? YES ☐ NO ☐ When?:
If applicable, have all NEO medications been removed? YES ☐ NO ☐ When?:
Has all ALS equipment been removed? YES ☐ NO ☐ When?:
Have all ALS medications been removed? YES ☐ NO ☐ When?:
Has all NEO/ALS signage been removed from the outside of the unit? YES ☐ NO ☐ When?:
(Except for the decal issued by MIEMSS)

**Please note by signing off on this request, via penned signature or e-signature, you are verifying that the necessary steps have been taken to ensure that all previous NEO/ALS equipment and medications have been removed from the downgraded unit and that the signage on the outside of the unit is in compliance with COMAR.**

Name/eSignature of Requesting Party:

CONTACT INFORMATION:

FOR MIEMSS USE ONLY

Date Received and By:

Authorization #: Upgrade Expires on: