

## Task Trainer Request Form

Requester's Name:	Requester's email:
Department:	Today's Date:
Class/Cohort:	Training Date:
Training Start Time:	Training End Time:
Training Location (if the training location is not within the Simulation Center you are responsible for reserving the location in EMS):	

<u>Task Trainers</u>	Number Available	Number Requesting
Abdominal Examination Trainer	10	
AirSim Adult Intubation / NG	8	
AirSim Pediatric Intubation / NG	8	
SimVS Realistic Monitor/ Vent Operations Tablet	4	
Shoulder Injection Trainer	6	
Knee Injection / Aspiration Trainer	6	
Student Auscultation Manikin (SAM)	5	
Eye Examination Trainer - Digital	5	
Ear Examination Trainer - Digital	5	
Eye Examination Trainer - Standard	5	
Ear Examination Trainer - Standard	5	
Venipuncture Arm	25	
Venipuncture Hands	5	
Male Pelvic Trainer	5	
Female Pelvic Trainer	10	
Rectal Examination Trainer -Advanced	5	
Rectal Examination Trainer - Basic	5	
Breast Examination Trainer	5	
Female Catheterization Trainer	10	
Male Catheterization Trainer	10	
Prompt Flex Birthing Trainer	3	
Rescue Randy – Critical Care	2	
Needle Decompression	1	
SimMan 3g	2	
Laerdal Nursing Anne	1	
SimMan Original	1	
Static Manikin #12006 35yoF – complete : feeding tube  #12007 35 yoM – missing genitalia / L thigh cover – can be intubated  #12008 35yoM – complete – can be intubated	1/ ea#	

#12009 35 yoM – missing genitalia – can be intubated		
#12010 70 yoM – complete : colostomy		
#12011 70 yoM – complete : trach, colostomy		
#12012 7yoM – missing R arm / R thigh cover – can be intubated		
AED Trainer	2	
CPR manikins	14	

Additional Supplies Needed (gloves, sharps container, etc.):

Additional Instructions/Comments (location trainers should be setup in room, etc.):