

UPMC | University of Pittsburgh
Medical Center

SMART
Simulation & Medical Resource Training

Unit
Requisition Packet

Sponsored in part by the following:



UPMC SMART Unit Requisition Form – Page 1

Date(s) of Event:

Name of Event:

Hours of Operation:

Physical Location (Include street address, city and zip code):

Will Security be present at this location? _____

How did you hear about the SMART Unit? _____

Have you requested the SMART Unit in the past? _____

What EMS service are you affiliated with? Lower Valley EMS

Nature of event:

- Stand-by
- Training
- Health Fair**
- Conference
- Public Relations / Marketing
- School Event
- Other (Please Explain Below)

Is additional staffing needed? (Circle One)

NO / YES

Number of additional needed: _____

Why is additional staff needed? _____

What will the SMART Unit be utilized for? (Check all the apply)

- Screening (requestor responsible for necessary licenses)
- Blood Pressure Screening**
- Body Mass Index Screening
- Cholesterol Screening (Requires outside lab for analysis)
- Diabetes

Distribution of health education handouts

Healthcare professional education

Other, Please describe:

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Contact person for this event:

Name: _____ Title: _____

Organization: _____

Telephone Number: _____

Emergency Number: _____

The UPMC SMART Unit is equipped as an emergency vehicle and emergency purposes will always take priority for its use. Should an emergency requiring use of this vehicle arise, the Van's presence at your event may have to be cancelled with little or no advance notice. Please have a back-up plan in case this should happen.

The use of the vehicle for other purposes will inevitably have an impact (positive or negative) on the public image of The University of Pittsburgh Medical Center. For this reason, UPMC Public Relations has the responsibility of monitoring the activities of the SMART Unit and approving requests for its use.

**SMART Unit Requests may be returned via FAX, Email or Mail.
Please send to the attention of Beth Wolfe. If you have questions,
please call: 1-888-647-9077 Ext: 1**

FAX: 412-647-1111

Email: wolfeba@upmc.edu

Mail: UPMC Prehospital Care
Forbes Tower, Suite 10018
200 Lothrop Street
Pittsburgh, PA 15213

Additional Approvals: (Prehospital use ONLY)

Approved / Denied

Prehospital Care Director: _____ Date: _____