

NPHCC Surge Cache Transfer of Custody Form

INSTRUCTIONS:

This form is to be used to document the delivery and receipt of the contents of the NPHCC Surge Cache. By signing this release, the Hospital or receiving agency accepts responsibility for the Surge Cache items. The Hospital agrees to follow all procedures set forth in the document entitled “**NPHCC Medical Surge Cache Plan.**”

Receiving Facility

Name of Facility Receiving Surge Cache Items

Address/City/State/Zip

Signature - Receiving Facility Representative

Title of Representative

Transferring Facility

Name of Facility Transferring/Loaning Surge Cache Items

Individual Delivering Surge Cache Items*

Signature – Transferring Facility Representative/Deliverer

Date

Time

*Transferring agency must attach the Usage Report showing items provided and quantity provided.

