



Training & Exercise Asset Deployment

Date of Loan: _____

Requesting Agency Point of Contact: (Name, Phone Number & Email Address:)

Intended use/Purpose of resources: (name/date of exercise/training/event:) _____

Expected Date of Return of Assets: _____

(Please coordinate return of assets with Monica or another SVHC Staff Member.)

Assets borrowed:

Item Description:	Quantity:

SVHC POC:

Monica McCullough
Training & Exercise Coordinator
Roanoke Office Location: 1944 Peters Creek Road
Cell: [540-529-9649](tel:540-529-9649) Email: mmccullough@vaems.org

Assets picked up/received by: _____ Date: _____

Returned to SVHC by: _____ Date: _____

Inspected by SVHC Staff Member: _____ Date: _____