

## EQUIPMENT LOAN REQUEST FORM

Requestor/User*:		
College/Department:		
Requestor/User Phone Number:		
Course/Training Name:		
Number of course attendees:		
Date/Time equipment to be picked up:	Date:	Time:
Date/Time equipment to be returned:	Date:	Time:
Location of use: (Campus use ONLY)		

\* User must have attended the required CHS orientation/training on the proper use and care of the equipment requested

**Equipment Requested:**

Item: _____	Qty: _____
Item: _____	Qty: _____
Item: _____	Qty: _____

Please email completed form to [Jennifer.brown@downstate.edu](mailto:Jennifer.brown@downstate.edu) . Once your equipment loan booking is confirmed, equipment may be picked up and returned to The Center for Healthcare Simulation located in the HSEB, Basement level of the Library, room B-036, Monday – Friday from 9:30am – 4:00pm.

**User Liability Agreement:** As the requestor of Simulation Equipment loaned from The Center for Healthcare Simulation (CHS) for use in an alternate location, I understand that I am responsible for the security, care, and proper use of the equipment from the time of pick up to its return to CHS. Any equipment loaned will be returned in the same condition that it was received. If I find that there is fault or any damage to the equipment it must be reported to the Center for Healthcare Simulation prior to its use. If damage occurs during my loan period, I will report it to the Center for Healthcare Simulation upon the equipment's return and I, my college and/or department will take full responsibility for any costs incurred for repairs or replacement of the damaged or stolen equipment.

Please find purchase cost of equipment being loaned listed below:

- ☐ I have read the above agreement and agree to the terms of the loan.
- ☐ I require an orientation/training on the use and care of the equipment requested
- ☐ I have attended the required CHS orientation/training on the proper use and care of the equipment requested

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature on pick-up:	Signature on return:
Print Name:	Print Name:
College/Department:	College/Department:
Date:	Date:

**CHS Staff Only**

Equipment checked by:	Equipment checked by:
Date:	Date:
Issues identified:	Issues identified:
Date of Training:	