

LOAN OF EQUIPMENT FORM

Name of Laboratory: Nursing Simulation Centre (NSC) [Location: [HNE 304](#)]

Name of Borrower: _____ Course Code/Program: _____

Student ID of Borrower (Write "N/A" if Staff): _____

Tel No: _____ E-mail: _____

Period of Loan *: _____ to _____

Items Borrowed:

| Description of Equipment | Quantity | Serial No. |
|--------------------------|----------|------------|
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Purpose of Loan (please provide brief details): _____

Declaration by Borrower:

1. The equipment is borrowed for the stated purpose by me.
2. The equipment has been checked and is in good working order.
3. I undertake full responsibility for the condition of the equipment during the loan period.
4. I have been briefed on the equipment operational and safety procedures, and am fully aware of the potential safety and health hazards involved.
5. Upon the expiry of the loan, I undertake to apply for renewal which I understand is subjected to approval.*

Signatures upon Date of Borrowing:

Borrower Signature Simulation Staff Name/Signature Academic Staff Name / Signature

UPON RETURN:

Signature upon Date of Return:

Borrower Signature Checked & Received By Simulation Staff