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:

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<tr>
<th>Description of Equipment</th>
<th>Quantity</th>
<th>Serial No.</th>
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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