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 Submit form preferably 1 month prior to event to the Health Professions Complex Operations Manager.
 Return all equipment as originally received. Please let us know if there is a malfunction on the equipment.

Name of Organization:

Pickup Date:

Pickup Time:

Return Date:

Return Time:

Name:

Home Phone #

Cell Phone #:

E-Mail Address:

Individuals who will be running simulator are:

Have the individuals attended an HPC in-service on use of equipment? YES NO

To schedule an orientation please email solson@mclennan.edu.

Confirmation of Equipment Checkout

Approved by (Health Professions Complex Simulation Personnel Signature) Date

, Sign below when you pick up equipment (NOT BEFORE)

I have received and inspected the following equipment from the MCC Health Professions Complex. I understand that I am responsible for any loss, theft or damage occurring while I am in possession of this equipment. I understand I will be responsible for the cost of replacement (equipment cost is provided upon request) and or cost of repairs if needed. Failure to return equipment or reimburse the Health Professions Complex for any needed repairs or replacement, by the agreed upon date and time, may result in a hold being placed on my MCC record and/or loss of checkout privileges. I have read and agree with the above statement.

Signature (after inspection)

Date

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 Pick-up

Drop-off

Initials of both parties agreeing to inspection:

Upon pick up:

Upon return:

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Date and Time Returned Inspected & Received By
 (Health Professions Complex Simulation Personnel Signature)