User’s Form

**EQUIPMENT AND/OR APPARATUSES\***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Faculty/Staff/Student Name:** | | | | | | **Faculty/Staff/Student ID:** | | | | |
| **Borrowing Period:** | | |  | | | **Telephone/Mobile No.:** | | | | |
| **From:** | | | **To:** | | |  | | | | |
| **Item(s) to borrow:** | | | | | | | | | | |
| Remarks:   1. Borrower must check the availability of equipment with the laboratory technician. 2. Duly signed form must be submitted to the laboratory technician at least one day in advance of actual date of use. 3. Item(s) borrowed much be checked out/in in person according to the agreed schedule. | | | | | | | | | | |
| **Purpose of borrowing:** | | | | | | | | | | |
| **Conditions:**   1. The borrower understands how to operate the equipment/appraratus(es) enumerated above and/or has received brief instructions from the laboratory technician how to operate the same. 2. The borrower received the equipment/apparatus(es) enumerated above clean and working properly. 3. The borrower is responsible for any charges of cleaning, repairing, replacement of missing components, damage, or loss of the above equipment/apparatus(es). | | | | | | | | | | |
|  | | | | | | | | | | |
| **Borrower’s Signature:** |  | | |  | | | **Date:** |  | |  |
|  |  | | |  | | |  |  | |  |
|  |  | | |  | | | **Date:** |  | |  |
| **Endorsed by:** | Signature over Printed Name | | |  | | |  |  | |  |
|  | (Instructor/Advisor/Moderator) | | |  | | |  |  | |  |
|  |  | | |  | | |  |  | |  |
|  |  | | |  | | | **Date:** |  | |  |
|  | Signature over Printed Name | | |  | | |  |  | |  |
|  | (Laboratory Custodian) | | |  | | |  |  | |  |
|  |  | | |  | | |  |  | |  |
|  |  | | |  | | |  |  | |  |
| **Approved by:** |  | | |  | | | **Date:** |  | |  |
|  | Signature over Printed Name | | |  | | |  |  | |  |
|  | of Laboratory Manager | | |  | | |  |  | |  |
|  |  | | |  | | |  |  | |  |
| **For Office Use Only** | | | |  | | |  |  | |  |
| **Equipment Checked Out By:** | |  | |  | **Equipment Checked In By:** | | | |  | |
|  | | Signature over Printed Name | |  |  | | | | Signature over Printed Name | |
|  | | of Laboratory Technician | |  |  | | | | of Laboratory Technician | |
|  | |  | |  |  | | | |  | |
| **Check Out Date:** | |  | |  | **Check In Date:** | | | |  | |
| **Comments:** | | | | | | | | | | |

\*For equipment and/or apparatuses to be brought out of the laboratory room, including out-of-campus use.