



**AUGUSTA
UNIVERSITY**

Interdisciplinary Simulation Center

J. Harold Harrison, M.D. Education Commons

ISC Equipment Checkout Form

In an effort to keep track of ISC equipment/assets, this document **MUST** be completed on all equipment leaving the premises.

Equipment / Quantity			
Serial # if applicable			
Date Picked Up		Date/Time Returned	
Borrower Information			
Name		Phone	
Department		Email Address	

Comments (please expand on any issues reported with equipment and condition returned in):

Equipment Checkout Agreement

By signing below I acknowledge receipt of the listed equipment and agree to assume full liability for any loss or damage of this equipment. I understand that any damage or loss of equipment becomes the financial responsibility of the borrower and prompt replacement will be required. I agree to return the equipment to the ISC at the above listed date and time and understand that a late fee (\$100/day) may be assessed if the equipment is not promptly returned. Additionally I understand that repeat tardiness may result in loss of borrowing privileges.

Faculty Signature _____ Print Name _____ Date _____

ISC Staff Signature - Checkout _____ Print Name _____ Date _____

Office Use Only	Received By	Date Received	Condition Out	Condition In

Augusta University Interdisciplinary Simulation Center

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Augusta, Georgia 30912

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Form ISC-04(2017)