

Borrower's information:

Name: _____ Staff/ Student ID: _____
Phone #: _____ E-mail Address: _____
Signature: _____ Date: _____

Description of equipment:

Equipment: _____
Model/Serial: _____ Quantity: _____
Remarks #: _____

Loan Period*:

From: _____ To: _____

Request Permission: (To be completed by supervisor if applicable)

Course: _____
Supervisor's Signature: _____ Date: _____

Time Stamps: (Office Use)

Checkout Date: _____ Time: _____
Technician's
Signature: _____
Return Date: _____ Time: _____
Technician's
Signature: _____

* Please make a loan request 7 working days in advance. Return the completed form to the lab technician, Miss Ruby Chen or send it to wpchen@eduhk.hk.

Annexure

Check-out Examination (physical and operational):

in good shape / (please specify) _____

Confirmed by: _____

Technician (Date: _____) Borrower (Date: _____)

Proficiency Test:

Satisfactory / inapplicable (please delete as appropriate)

Confirmed by: _____

Technician (Date: _____)

Return Examination:

in the same pre-loaned condition/ (please specify) _____

Confirmed by: _____

Technician (Date: _____)

Important Acknowledgement and Agreement:

By signing this form, the borrower

1. acknowledges that the property right of the equipment belongs to the Department of Health and Physical Education, the Education University of HK; and
2. agrees to
 - a. use and maintain the equipment solely and properly;
 - b. forthwith notify the lab technician upon discovery of any defect(s), missing part(s), malfunctioning and/or loss of the equipment; and

Confirmed by the borrower: _____ (Date: _____)