


The University of Georgia
College of Public Health
EQUIPMENT USE AGREEMENT

Office Use Only

Date out: _____
Signed out by: _____
Date in: _____
Signed in by: _____
New Damage? YES NO
(If yes, write a thorough description on the back of this form.)

In return for free use of the State equipment listed below, I agree to accept full responsibility for the equipment, its case and/or any associated accessories during the time they are assigned to me. This contract will be terminated only when I have personally returned the equipment, case and accessories and the appropriate inventory control officer has confirmed its return. I further agree to treat the property listed below with care and will be liable for replacement, repair costs, and/or any deductible amount for insurance purposes due to loss or damage in any manner, ordinary wear excepted. This applies specifically to damage caused through my negligence or through any action of good intention such as attempted repair.

I also understand the following: that lending, borrowing, trading or sharing of equipment is not allowed; equipment transfers or changes are to be approved in writing by a designated inventory control officer of the University of Georgia College of Public Health; that I am responsible for any repairs that are necessary due to my use of the equipment in an inappropriate manner or through my negligence; and that all equipment must be collected and then reissued between each semester (in case of student use only). I understand that it is my full responsibility to return this equipment immediately when I am finished using it, upon withdrawing from school for any reason, when I cease to be a regularly enrolled student in the University of Georgia, or in the event that I cease to be an employee of the University of Georgia. I further understand that failure to return the equipment to this office on the date specified on this contract without prior written request of extension of the loan will result in the equipment being reported immediately to the Athens/Clarke County Police as a felony theft and my grades flagged (in case of student use only).

UGA PROPERTY CONTROL NUMBER: _____

EQUIPMENT TYPE: _____ BRAND: _____

MODEL NUMBER: _____ SER. #: _____

ACCESSORIES: _____ OPERATING CONDITION-OUT: _____

CHECKED OUT TO: _____ DATE CHECKED OUT: _____

BORROWER SSN: XXX-XX-_____

LOCAL PHONE: _____ DATE to be RETURNED: _____

I have read and understood this document and I agree to be bound by any explicit or implied policies herein, including any financial obligations I may incur.

Signed: _____ Date: _____

OFFICE COPY – KEEP ON FILE



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