

# Equipment Checkout Form



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## Borrower's Information:

Full Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Department/Organization: \_\_\_\_\_

## Date and Time:

Date of Checkout: \_\_\_\_\_  
Expected Return Date: \_\_\_\_\_

## Equipment Details:

Description of Equipment: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
Quantity: \_\_\_\_\_

## Condition of Equipment:

- Checked - Good Condition
- Checked - Minor Damage (Specify): \_\_\_\_\_
- Checked - Significant Damage (Specify): \_\_\_\_\_
- Checked - Malfunctioning (Specify): \_\_\_\_\_

## Signature:

I, the undersigned, agree to take full responsibility for the equipment described above and confirm that I have received it in the condition as checked above. I understand that I must return the equipment by the specified return date and will be liable for any damages or loss incurred during the borrowing period.

Borrower's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Staff Signature (Issuing Equipment): \_\_\_\_\_  
Date: \_\_\_\_\_

## Equipment Return:

Date of Return: \_\_\_\_\_

Time of Return: \_\_\_\_\_

## Condition of Equipment Upon Return:

Checked - Good Condition

Checked - Minor Damage (Specify): \_\_\_\_\_

Checked - Significant Damage (Specify): \_\_\_\_\_

Checked - Malfunctioning (Specify): \_\_\_\_\_

## Staff Verification:

I, the undersigned, have inspected the returned equipment and confirm that it has been received in the condition as checked above.

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Terms and Conditions:

1. The equipment must be used only for the intended purpose and in accordance with the manufacturer's guidelines.
2. Any damages or issues must be reported immediately.
3. The borrower is responsible for the safekeeping and return of the equipment.
4. Late returns may be subject to penalties.
5. The lending organization is not responsible for any accidents or injuries resulting from the use of the equipment.

**Please note:** By signing this form, you agree to comply with all the terms and conditions mentioned above.