EQUIPMENT LOAN FORM

[Organization Name] may lend equipment or tools to employees for the completion of their tasks. [Organization Name] will loan equipment only to employees who have been trained in its use. A pre-orientation on equipment safety will be provided to the borrower. Additionally, the borrower is required to submit the attached waiver of liability, claim, and indemnity in order to release [Organization Name] from liability in the event of a health or safety issue resulting from the use of the loaned equipment.

This form is used to keep track of equipment/items temporarily in the custody of a [Organization Name] employee. No employee shall use equipment without prior authorization and explicit compliance with the terms set forth herein.

The following rules apply to equipment lent to an employee of [Organization Name]:

* The equipment is to be used in connection with [Organization Name] activities.
* While the equipment is in the borrower's possession, the borrower is responsible for its security.
* Once the purpose for which the equipment was lent is fulfilled, it should be returned to [Organization Name].

| Serial Number | Item Type | Manufacturer | Model | Loan Date | Return Date | Note  (include condition of equipment upon loan) |
| --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Reason/s for borrowing:

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| --- |

I acknowledge receipt and inspection of the equipment listed above.

| Employee Name: | Employee Signature: | Date: |
| --- | --- | --- |
| Authorized by (Name): | Signature: | Date: |

Accomplish upon return of equipment:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (recievers’ name) acknowledge receipt and inspection of the equipment listed above.

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

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_