

Self-Help Store Equipment Receipt

Date: _____

Name: _____

Address: _____

Phone number: _____ (to include area code)

E-Mail address: _____

Equipment on loan:

Personal Protective Equipment provided:

This is a receipt for any and all equipment that is being loaned and any Personal Protective Equipment provided.

It is understood that the loaned equipment must be returned by the date noted below, in the same condition as it was loaned, or I will be held responsible for damages caused by misuse or abuse. Should goggles have been provided, I will return them with the loaned equipment. Not returning the above listed equipment by the date listed below may result in losing my loan/use privilege.

I acknowledge that I have received training on the proper use and the safety requirements for the equipment that I am receiving and I further agree that I will abide by the same.

Item(s) to be returned by: _____ / _____
Date Time

Resident Signature

Date

ACTUAL RETURN DATE _____ **TIME** _____