



Sensory Screening Equipment Loan Request

Requesting program/agency: _____

Person representing borrowing program/agency: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Date of equipment pick-up: _____ Date equipment to be returned: _____

Equipment Requested:

Equipment Type	Quantity	Equipment Type	Quantity
OAE		SPOT	
Audiometer		PlusOptix	
Tympanometer		Other	

Equipment Loaned Out (To be completed by EFAz Staff)

Equipment Type / Brand	Inventory Number	Serial Number

Signature of borrower: _____

****By signing this request you agree to return all borrowed equipment to the EAR Foundation of Arizona (EFAz) by the agreed upon return date in full working order. Significant damage can be caused by dropping, improper storage and exposure to extreme temperatures. If equipment is damaged, lost or stolen during the loan period, you agree to notify EFAz as soon as possible and to pay all repair and/or replacement costs.**

Signature of EAR Foundation Representative: _____

Equipment Check-in

Date of return: _____

Issues/Damage with/to Equipment: No/ Yes (specify below)

Cost of Damaged Equipment Repair: _____ Amount Billed to Borrower: _____

Signature of Borrower _____ Signature of EFAz Representative _____

****Your signature acknowledges that the condition of the equipment listed above is accurate and complete. Any damage may require repair, for which your program will be financially responsible. The EFAz will send you a bill to cover the repair costs. Please let us know if damage has occurred or if you suspect any damage so that we can continue to make loaner equipment available.**