

**Macao Polytechnic Institute    School of Health Sciences**  
**Bachelor of Science in Nursing**

**Nursing Lab Equipment Borrowing Form**

姓名 *Name of Borrower*: \_\_\_\_\_

機構/班別 *Organization / class*: \_\_\_\_\_

電話 *Contact no.*: \_\_\_\_\_

物品 *Equipment*: \_\_\_\_\_ 型號 *Serial no.* : \_\_\_\_\_

用途 *Purpose*: \_\_\_\_\_

借用持續時間 *Duration of loan*: \_\_\_\_\_

*Note:*

1. *This form is required to be completed for all equipment that is borrowed.*
2. *The borrower agrees to be responsible for the equipment and that the equipment will be returned to nursing lab complete and undamaged and in proper working condition.*
3. *The borrower may not loan the equipment to third parties without the expressed consent of the nursing lab administrator.*
4. *For more information, please contact Ms Fanny Wong at 853-85993457 or wfwong@ipm.edu.mo.*

\_\_\_\_\_  
Signature & date

|   |  |
|---|--|
| <p><b><i>Equipment Borrowed</i></b></p> <p>from _____ / _____ / _____ to _____ / _____ / _____<br/> <small>yyyy    mm    dd                    yyyy    mm    dd</small></p> <p><input type="checkbox"/> <b>Comment:</b></p> <p>_____</p> <p style="text-align: center;"><b>Signature of Lab Technician &amp; date</b></p> | <p><input type="checkbox"/> <b>Acknowledge &amp; Comment:</b></p> <p>_____</p> <p style="text-align: center;"><b>Signature of Lab Administrator &amp; date</b></p> |
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