Equipment & s/n: ____________________________

Name: ____________________________
Project: ____________________________
Email: ____________________________
Telephone: ____________________________
DLN or PID: ____________________________

Category: ____________________________
Technologies: ____________________________

Pickup: ______
Return: ______
Extension Date: ______
Googled: [□] Inspected: [□]

Declaration of Responsibility

I agree to the safekeeping of the items detailed on reverse page and to return all items by the date specified before 12:00/Noon. I also acknowledge FULL responsibility of above equipment, INCLUDING full replacement if lost or damaged.

Please note:
Equipment MUST NOT be left unattended in an unlocked environment. Equipment MAY be recalled if needed for Class/Instructional purposes. Equipment held BEYOND the specified [Pickup - Return] date will result in a HOLD placed on Student Records.

Borrowers Signature: ____________________________
@Lab Authorising Signature: ____________________________
The Aesthetic Technologies Lab Equipment Check-in Form

**Inspection:**

**Maintenance:**

- Repairs Necessary: [ ]
- Shipping Date: 
- Repair Costs: 

**Inspection**

- Located [Accessories]: [ ]
- Located [Damage]:  
- Tested [Power On]: [ ]
- Tested [Functionality]:  
- Task [Clean]: [ ]
- Task [Remove Peripherals]: [ ]
- Task [Pack Away]: [ ]

**Maintenance**

- Tested [Peripheral Connectivity]: [ ]
- Tested [Advanced Functionality]:  
- Task [Inspect Moving Parts]: [ ]
- Task [Charge Batteries]:  
- Task [Thoroughly Clean]: [ ]
- Task [Collate Data Files]:  
- Task [Set Defaults]: [ ]
- Task [Supply Consumables]: [ ]
- Task [Remove Peripherals]: [ ]
- Task [Pack Away]: [ ]

@Lab Inspection Signature: __________________________