SCANNER CHECKOUT FORM

Chandler: Information Systems, Pav H Room H0006
Samaritan: Information Systems, Room C003D

DATE _____

INSTRUCTIONS: **This form must be typed or printed legibly. Make copies of this form as necessary.**

Use this form to request permission to check out a scanner kit from the Data Center/Information Systems. It is the responsibility of the department to return the equipment to Data Center/Information Systems in good condition and on a timely basis. Any malfunction of the scanner should be reported to Data Center/ Information Systems personnel immediately.

1. By signing this checkout form you are assuming responsibility for the scanner kit. Any damages will be charged to the department account number. Failure to return the scanner **will result in a charge for replacement costs.**
2. Data Center/Information Systems will not check out a scanner kit without a valid UK cost center number.
3. **Scanners will be checked out for a maximum of two days.**

DEPARTMENT REPRESENTATIVE _____ PHONE _____

DEPT NUMBER _____ DEPARTMENT NAME _____ _

COST CENTER # _____ ESTIMATED RETURN DATE _____

DEPARTMENT HEAD SIGNATURE _____

Do not write below this line.

SCANNER PROPERTY NUMBER	SERIAL NUMBER	MODEL NUMBER	CONDITION	ACTUAL RETURN DATE

Checked Out To: _____
(Healthcare Departmental Representative)

Approved By: _____ Date: _____
(Data Center/Information Systems Representative)

Return in Good Condition Verified By: _____ Date: _____
(Data Center/Information Systems Representative)