

Anesthesia Machine Sign Out Request Form

Rental periods are Monday-Friday; 7AM – 1PM and 1:30PM – 6AM (next day) except Friday when machine must be returned by 4 PM

Requests to reserve the machine must be submitted to the central office (5-3273) in advance and will be on a first-come, first-served basis.

Sign-Out Form for Week Beginning Monday _____ (Date)

		Name of Person Using Machine	Principal Investigator	E-mail	Tel
MON	AM				
	PM				
TUES	AM				
	PM				
WED	AM				
	PM				
THUR	AM				
	PM				
FRI (PM to 4 pm only)	AM				
	PM				

By signing this form, I agree that:

- 1) I have taken the RAR training and understand how to use the machine safely
- 2) I will only use the anesthesia machine in approved areas in BRB
- 3) I will return anesthesia machine and lock it in place outside the BRB supervisor's office on or before the end of the rental period, and return the key to the lock box at that time. Failure to do so will result in a penalty charge.
- 4) I will use this machine responsibly, and agree to pay for any damage caused to the machine due to neglect or misuse while it is signed out to me.

Signature _____

Name (Print) _____