

Department of Family and Community Medicine



Medical Equipment User Responsibility Form

While using medical equipment owned by the Department of Family and Community Medicine, I acknowledge the following:

- 1) I am responsible for equipment that is lost, damaged, confiscated, or stolen during the time it is in my custody. It is ***in my custody*** from the time I take physical possession of it until the time I return it to its secured area.
 - a. If the equipment is damaged/lost/stolen I agree to report this information to the FCM Department Administrator within 48 hours. If it is stolen, I will also file a report with the UNM Police Station within 48 hours.
- 2) I agree to use the medical equipment for academic, research, government, use only and not for any commercial or business applications.
- 3) Once I return the medical equipment, it will be inspected by the person assuming responsibility for the use and maintenance of the equipment.

Name of Medical Equipment: _____ Asset Tag # _____

Person Responsible for this Equipment (Printed name & Signature): _____

Name of User (printed): _____ Signature: _____ Date: _____