

Request Section			
Date of Request:		Name of Requestor:	
Equipment Requested (be as specific as possible):		Purpose of Study	
Check-out time/day:		Signature of responsible field operator:	
Check-in time/day:		Signature of financially responsible party:	
Approved by:		Account number (departmental account numbers require signature of Chair or Director as financially responsible party):	
Date:			
Remarks:			
Check-out Section (Fdl staff initial & date):			
Date/time:		Checked -out to:	
Location and Schedule:		Field Contact Information:	
Instrument:	Serial #:	Functional test:	Remarks:
Ancillary Equipment (describe - use s/n where available): 1) 2) 3) 4) 5) 6) 7) 8)			
Check-in Section (Fdl staff initial & date):			
Remember to put batteries on charge, clean up instruments and peripherals, leave units in proper place			
Date/time:		Checked-in by:	
Instrument:	Serial #:	Functional test:	Remarks:
Ancillary Equipment (use same numbering as at check-out, and note condition/functionality at check-in): 1) 2) 3) 4) 5) 6) 7) 8)			