

### Laboratory Equipment Check-In/Out Form

Course: \_\_\_\_\_ Year: \_\_\_\_\_ Semester: \_\_\_\_\_ Team Number: \_\_\_\_\_

Qty	Item	Condition (if applicable)	Check-Out Date	Check-In Date

#### List of Student Laboratory Equipment:

The undersigned acknowledge receipt of the equipment described in the List of Student Laboratory Equipment, above. They acknowledge the equipment is provided as-is, with no warranty expressed or implied. The undersigned acknowledge that undue damage to the equipment, or failure to return equipment prior to the end of the semester may result in academic penalties to the undersigned.

Student #1: \_\_\_\_\_ Date: \_\_\_\_\_

Student #2: \_\_\_\_\_ Date: \_\_\_\_\_

Student #3: \_\_\_\_\_ Date: \_\_\_\_\_

Student #4: \_\_\_\_\_ Date: \_\_\_\_\_

The Digital Systems Laboratory Engineer acknowledges check-in and check-out of the items on the dates specified above.

Digital Laboratory Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

Digital Laboratory Engineer: \_\_\_\_\_ Date: \_\_\_\_\_