UK HEALTHCARE
SCANNER CHECKOUT FORM

Chandler: Data Center, Room H028D3
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 from the Data Center/Information Systems. It is the responsibility of the department to return the scanner 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 iPad and scanner. 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 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.

<table>
<thead>
<tr>
<th>SCANNER PROPERTY NUMBER</th>
<th>SERIAL NUMBER</th>
<th>MODEL NUMBER</th>
<th>CONDITION</th>
<th>ACTUAL RETURN DATE</th>
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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)