

Hospital Detailed Equipment Loan Record Form

This **detailed equipment loan record form** sample is designed specifically for hospitals to accurately track and manage the lending and return of medical devices. It ensures accountability by documenting borrower information, equipment details, and loan duration. Efficient record-keeping helps maintain equipment availability and supports hospital operational integrity.

A. Borrower Information

Borrower Name		Employee/Staff ID	
Department/Unit		Contact Number	

B. Equipment Details

Equipment Name		Asset Tag/Serial No.	
Model/Type		Manufacturer	
Condition (At Loan)		Accessories Included	

C. Loan Details

Date Loaned Out		Expected Return Date	
Purpose of Loan			

D. Return Details

Date Returned		Condition (At Return)	
Inspected By		Remarks/Damages	

E. Signatures

Borrower Signature		Date	
Loan Approver Signature		Date	
Receiving Staff Signature		Date	