

Your
Hospital's
Logo
Here

LOANER UNIFORM AGREEMENT & ISSUE TICKET

ALL INFORMATION MUST BE COMPLETED PRIOR TO RECEIVING A LOANER UNIFORM

EMPLOYEE		
EMPLOYEE NAME:	UNIT:	EXTENSION:
SOCIAL SECURITY NUMBER:	POSITION TITLE:	DATE:
AGENCY NAME (if applicable)	DIRECTOR / NURSE MGR / SUPERVISOR:	

LOANER UNIFORM ISSUED	
SIZE ISSUED:	<input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X - Large <input type="checkbox"/> XX - Large <input type="checkbox"/> XXX - Large
DELIVERED BY:	(Material Management STAT Messenger)
DO NOT ISSUE: (1) misty green; (2) ciel blue MIH; (3) jade green cathlab; & (4) laguna green SPD Scrubs for any reason	

REASON LOANER UNIFORM ISSUED			
<input type="checkbox"/> Drink Spill	<input type="checkbox"/> Fool Spill / Stains	<input type="checkbox"/> Dirty Uniform	<input type="checkbox"/> Repair Work
<input type="checkbox"/> Chemical Spill	<input type="checkbox"/> Out of Uniform	<input type="checkbox"/> Traveler (Agency)	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Spill Clean Up	<input type="checkbox"/> Maintenance Work	<input type="checkbox"/> Plumbing	<input type="checkbox"/> On - Call Wear
<input type="checkbox"/> Overnight Wear (Pajamas)	<input type="checkbox"/> Patient's Bodily Fluids (urine, feces, blood)		
<input type="checkbox"/> Other _____			

LOANER UNIFORM ISSUANCE TERMS	
These uniform garments are <u>due back</u> to the STAT Messenger on:	_____ (3 days from issue)

IMPORTANT: I understand that it is **solely my responsibility, as the borrower, to return all pieces** of this uniform to the **STAT Messenger** within *3 days of issuance*.

After three (3) days, a \$25.00 fee per set (shirts and pants) will be assessed against me. I authorize the deduction of this \$25.00 fee from my next XXXXXXXX Hospital paycheck. I understand that **NO refunds** will be given for late returns.

EMPLOYEE NAME:	DATE

WHITE COPY - Materiel Management YELLOW COPY - Infection Control PINK COPY - Borrower When Issued