

Texas A&M Chemical Engineering

Ergonomic supplies Check-out/check-in Form

UIN: _____ NET-ID: _____

Name: _____ Major: FOR CHEN USE ONLY _____

Degree (MS/PhD): _____ Office Number: _____

Advisors Name: _____

Equipment Options:

Option 1:

Mouse pad with wrist rest
Keyboard wrist rest
Backrest

Option 2:

Ergonomic keyboard
Ergonomic mouse

Rules and Regulations

I agree that I am checking out the equipment listed on this form as is and further agree to be solely responsible for the equipment checked out to me. I further agree to use the equipment only in the manner of which it was intended and that any lost, stolen, or damaged equipment must be immediately replaced. I agree to return all equipment upon leaving the Department.

User Signature

Date

Advisor Signature

Date

FOR OFFICE USE ONLY:

Date checked-out: _____ Date returned: _____