

Tracking Number:

ORANGE REGIONAL MEDICAL CENTER PROPERTY PASS			
<div style="display: flex; justify-content: space-between; padding: 5px;"><input type="checkbox"/> Arden Hill<input type="checkbox"/> Horton<input type="checkbox"/> Pavilion<input type="checkbox"/> 70 Hatfield<input type="checkbox"/> Other _____</div>			
PART I List Below Items removed from Hospital Premises			
Item Number	Description	Serial #/Inv. #	Quantity
Draw Line After Last Item to the Bottom of Each Column			
PART II Indicate Reason for Removal of Items by Checking Box in Section A, B or C. Provide Other Information Required in the Section you Checked			
SECTION A: <input type="checkbox"/> Use at Another Facility or Location <input type="checkbox"/> Not to be Returned <input type="checkbox"/> To be Returned On (Date _____)			
Addressee (Organization or Individual)			
Facility or Location			
SECTION B: <input type="checkbox"/> Delivery to Vendor <input type="checkbox"/> Vendor Samples being Requested		Name of Vendor: _____ _____ _____	
SECTION C: <input type="checkbox"/> Personal use <input type="checkbox"/> Date of Issue Ending _____.			
In consideration of the permission to use any Hospital owned equipment for personal use, whether on or off company premises, the undersigned borrower hereby agrees that the use or possession of such equipment or property will be at his or her own risk.			
PART III Person who carries item from premises (Signed)			
Campus/Dept.		Dept. Head (Signed)	Date/Time:
PART IV Acknowledgement of Receipt by Addressee			
Campus/Dept.		Date/Time:	
Received By (Signed)		Date/Time:	

Instruction for use of triplicate form:

1. White copy will be immediately delivered to Security 2. Yellow & pink copy is sent with the item. 3. Pink copy will be returned with the item 4. Yellow copy should be appropriately signed and retained by the borrower. 5. Once the item is returned, the department head should mark the Pink copy and forward to security so item can be logged out.