

SCPL Prioritization of Simulation Resources

Subject: Prioritization of Simulation Resources

Effective Date:

Scope: All SCPL Staff, Faculty, Students,
External Users

Date Reviewed/Revised:

Next Scheduled Review Date: TBD

Responsible Office:
Simulation Council

Responsible Executive: Dean, Cizik School
of Nursing

I. POLICY AND GENERAL STATEMENT

The UTHealth Houston Cizik School of Nursing (CSON) Simulation and Clinical Performance Laboratory (SCPL) will provide a transparent and equitable process to prioritize the utilization of space and resources used for simulation that aligns with the university's and SCPL's mission and goals. This will ensure efficient use and distribution of space and resources to maintain the quality of simulation-based learning experiences.

II. DEFINITIONS

- A. **Priority User Categories** – these are classifications of users based on their roles and the type of simulation activity.
 - 1. **High Priority Users** – Faculty and staff conducting instructional skills or simulation labs in the undergraduate and graduate nursing program.
 - 2. **Medium Priority Users** – Students requiring space or resources for practice, projects, or other activities; internal faculty conducting funded or nonfunded research; internal faculty conducting grant-funded simulation events
 - 3. **Low Priority Users** – External users requiring space or resources for simulation events
- B. **Resources** – any SCPL equipment, task trainers, manikins, supplies, or use of SCPL staff utilized for training, research, or educational purposes
- C. **Simulation** – an educational technique that replaces/amplifies real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Lioce et al., 2024)

III. PROCEDURES

A. SCPL Schedule Requests

- 1. Prior to the start of each semester (fall, spring, summer), skills and simulation labs are requested by lead faculty using the 'Faculty Request for the SCPL' form

(Appendix A). The requests are emailed to the SCPL's main email (sonskillslab@uth.tmc.edu) by the designated due date for each semester. Faculty requests submitted after the due date are prioritized after requests that were received on time.

2. The scheduling of simulation events by external users is requested using the 'Simulation Event Request Form for the SCPL' (Appendix B) and can be emailed to the SCPL's main email. A 'Request for Solicitation on Campus/Use of University Facilities (online form)' (Appendix C) is also submitted to auxiliary services.
3. Requests are reviewed based on the category of priority users, availability of SCPL rooms, availability of resources, duration, and the turnaround time for set up, breakdown, and clean up of the skills/simulation labs or events by the SCPL Nurse Educators and the Assistant Dean for the SCPL.
4. Finalized requests are confirmed and scheduled in the SCPL Google Calendar and Ad Astra by the SCPL Nurse Educators/SCPL Administrative Coordinator.

B. SCPL Request to Borrow Equipment

1. Faculty or students who request to borrow SCPL equipment, task trainers, or manikins that are not capital assets will be asked to submit the 'SCPL Request Form to Borrow Equipment/Teaching Materials' (Appendix D) to the SCPL's main email.
2. If the equipment, task trainer, or manikin is a capital asset, the temporary removal form must be completed in the UTHHealth Peoplesoft system by the Assistant Dean for the SCPL and approved by the Financial Management System.

C. Rescheduling and Cancellations

1. The rescheduling or cancellation of internal labs by faculty is requested via email to the SCPL's main email with a notice of at least 1 -2 weeks in advance, if possible. Rescheduled internal labs will be accommodated based on the availability of space and resources.
2. Internal labs or simulation events can also be canceled or rescheduled due to an insufficient number of faculty or facilitators for the simulation event due to illness, injuries, or emergencies.
3. Internal labs or simulation events can be canceled by the SCPL due to inclement weather/emergencies per UTHHealth Houston Emergency Communications (2025).
4. External cancellations have an associated cost when no notice or no communication is given about the cancellation before the scheduled simulation event (i.e. Sonrooms and Auxiliary Services).

D. Schedule Disputes

1. In the event of scheduling conflicts between high-priority users, lead faculty involved in scheduling conflicts will be asked to resolve the conflict through emailed communication or a meeting between the faculty and will also be provided alternative options for scheduling.
2. For unresolved conflicts between lead faculty, a rotating schedule for the requested room will be determined between the two courses for each semester (For example - Fall XXXX – Care 1 will have room 440 – 460; Care 2 will have the flex rooms. Spring XXXX – Care 2 will have rooms 440 – 460; Care 1 will have the flex rooms)

IV. CONTACTS

Contact	Telephone	Email/Web Address
Assistant Dean for the SCPL		sonskillslab@uth.tmc.edu

V. EXHIBITS

Lioce L. (Ed.), Lopreiato J. (Founding Ed.), Anderson M., Deutsch, E.S., Downing D., Robertson J.M., Diaz D.A., and Spain A.E. (Assoc. Eds.), and the Terminology and Concepts Working Group (2024), Healthcare Simulation Dictionary–Third Edition. Rockville, MD: Agency for Healthcare Research and Quality; January 2025. AHRQ Publication No. 24-0077. DOI: <https://www.ahrq.gov/patient-safety/resources/simulation/terms.html>.

UTHealth Houston (2025). UTHealth Houston Emergency Communications. <https://www.uthealthhoustonemergency.org/>

Appendix A



SIMULATION EVENT REQUEST FOR THE SIMULATION AND CLINICAL PERFORMANCE LAB

SCPL Mission

The mission of the UTHealth Houston Cizik School of Nursing Simulation and Clinical Performance Lab (SCPL) is to provide comprehensive clinical skills and simulation for student nurses and our multidisciplinary partners. The SCPL aims to promote quality simulation experiences through best practices in simulation-based learning, develop clinical acumen, and foster critical thinking following evidence-based practices to ensure quality healthcare and patient safety in our community.

SCPL Vision

The vision of the UTHealth Houston Cizik School of Nursing Simulation and Clinical Performance Lab (SCPL) is to empower nurses and multidisciplinary professionals by fostering a supportive and safe learning environment. We will explore innovative simulation-based technology and modalities to evolve our simulation techniques, curricula, and methodologies allowing us to stay at the forefront of advancement in healthcare education.

Directions: Please complete this form and submit via email to: sonskillslab@uth.tmc.edu. You will receive a confirmation email as soon as the request is approved. *The last day to submit requests for the upcoming semester is 1.5 months prior to the beginning of the next semester.*

Follow-up meeting: Once the request is approved, a meeting will need to be scheduled with the SCPL Nurse Educator/Assistant Dean for Simulation to go over the logistics of the lab, cost of the event (if applicable), SCPL staff support (if applicable), and other questions/concerns.

Cancellations: The SCPL will need a 1-2 week notice of cancellations before the scheduled event.

Today's Date: Click or tap to enter a date.

Profession/Healthcare Field: Click or tap here to enter text.

Course/Activity/Workshop Name: Click or tap here to enter text.

Is the activity grant-funded? ☐ Yes ☐ No

Main Contact for Skills/Simulation Event: Click or tap here to enter text. **Main Contact Email:** Click or tap here to enter text.

Main Contact Phone Number: Click or tap here to enter text.

Secondary Contact Person and Email: Click or tap here to enter text.

List of all Trained Faculty/Facilitator Participants: Click or tap here to enter text.

Scheduling Information

Date(s) Requesting	Day(s) of Week	Start Time(s)	End Time(s)	Room(s) and Number of Learners per room (if unknown, appropriate rooms will be assigned)	Number of Session(s) per day and timeframe for sessions	Number of Students/Learners per session	Total Students/Learners per day
Example: 8/1/2024	Example: Thursday	Example: 0900	Example: 1500	Example: 4 flex areas (2-3 learners per room)	Example: Two sessions 0900 – 1000: Prebrief 1005 – 1100: Simulation Activity 1105 – 12pm: Debrief	Example: 10	Example: 20

Room(s) Requesting

Large Lab Rooms: 440 ☐ 445 ☐ 450 ☐ 460

Max 21 people per room including instructor or SP

☐

☐ Domain 5: Professional Development

Simulation Objectives (S.M.A.R.T. Criteria)

- Specific; Measurable; Achievable; Realistic; Time phased

1.	
2.	
3.	
4.	
5.	

List QSEN/Other competencies to be measured (if applicable – AACN Competencies/AAMC)

1.	
2.	
3.	
4.	
5.	

Simulation Case Scenario Activity

Simulation Scenario #	*Simulation Case Scenario(s)	Equipment Description & Props	Mannequin/SP	Room Assigned **SCPL Staff to fill out**
1	Example: Jane Doe MI scenario	Example: Simulation Set up, Equipment, Supplies (SES) form attached in email request <u>OR</u> This will be a setup for each flex room:	CAE-Juno	

		- 1 female Junos in a hospital bed with fake IV to the right hand for med administration - Control tablet for Juno set up for each debrief station - Hospital cabinet with personal care items (socks, pitcher, toothbrush, bedpan, fracture pan, etc.)		
2			Choose an item.	
3			Choose an item.	
4			Choose an item.	
5			Choose an item.	

***Please email the simulation case scenario and scripts (if using SPs) to sonskillslab@uth.tmc.edu**

Student/Learner/Participant Roles for Scenario: Patient ☐ Primary Nurse ☐ Secondary Nurse ☐ Report Nurse ☐

Documentation Nurse ☐ Medication Nurse ☐ Family Member/Friend ☐ Physician/Provider ☐

Other Roles (Specify)

Skills & Tasks Activity

Skills & Tasks Station	Skills & Tasks Activity	Equipment Description	Room Assigned **SCPL Staff to fill out**
1	PO and IV Medication Administration	1 computer on wheels per room with scanner and medication bin Medications for WOWs bins: 4 vials of morphine (2mg/ml) IV; 10 packs of aspirins (325 mg PO); 10 nitroglycerin (2.5 mg SL)	
2	IV infusion therapy	- 1 Alaris pump (one module) per room - 2 sets of Alaris primary tubing for spiking and priming of 1 L normal saline IV bag	

3	O2 therapy	- Functional headwall with O2 meter and suction set up of meter, canister, yankaur, and suction tubing - All types of oxygenation devices at bedside (nasal cannula, face mask, non-rebreather, ambu bag)	
4			
5			
6			
7			
8			
9			
10			

Evaluation of Learners

Method of Learner Evaluation:

- ☐ Formative (teaching and learning)
- ☐ Summative/High stakes (final check off; valid and reliable instrument should be used)

- This is not a comprehensive list of task trainers and equipment. For anything not listed below that is needed, we will look through the inventory to see if the SCPL has it in stock.
- Based on availability and if requesting the use of simulators/task trainers/equipment off-university campus, a temporary removal form/request to borrow equipment will need to be completed if the inventory is capital assets.

Simulators/Task Trainers/Equipment

Item	Quantity in stock	Quantity Requested	Item	Quantity in stock	Quantity Requested
High Fidelity Mannequin			Reproductive		

CAE- Lucina	1		Female New Gyn Pelvis	4	
Gaumard – Newborn Hal	2		Female Pelvis- Foley Cath	4	
Gaumard – Super Tory	1		Female Pelvic Organ (Cervix)	2	
Gaumard- Victoria	1		Female Breast Examination Model	2	
Gaumard- Pedi 5 y/o (Dark Skin)	1		Female Wearable Breast Model	1	
Gaumard- Pedi 5 y/o (Light Skin)	1		Female- Single Breast Model	7	
Gaumard- Pedi 1 y/o (Light Skin)	1		Male Prostate Model	4	
Laerdal- Sim Man Essential	4		Male New Pelvis Model	1	
			Male Testicle Model	7	
			Rectal Exam Model	1	
			Limb Model		
Mid Fidelity Mannequin			Lumbar Puncture Model	2	
CAE- Juno	29		Knee Aspiration Model (New)	1	
Low Fidelity Mannequin			Shoulder Injection Model	2	
CPR Infant	12		IM Hip Injection Model	5	
Non CPR Baby	8				
Equipment					
Crash Cart- Adult	6		Injection Model		
Crash Cart- Pedi	2		Square Injection Pad (Gold)	10	
Pump- IV Alaris	14		Square Injection Pad (Pink)	15	
Pump- Kangaroo Feeding	4		Round SQ Injection Pad	19	
Pump- PCA	10		Intradermal Injection Arm	4	
Airway			Obstetrical		
Intubation Box- Adult	1		Breast Pump Machine	1	

Intubation Box-Pedi	1		Pregnant Belly (6 months)	2	
Intubation Head-Adult	3		Pregnant Belly (9 months)	1	
Intubation Head-Pedi	3		Infant IM injection Leg	4	
McGrath MAC Blade (Size 3)			Cervical Dilation/Effacement Models	1	
McGrath MAC Blade (Size 4)			Fundus Pelvis	4	
McGrath MAC Portable Video Laryngoscope			Plastic Pregnancy Dilation Chart Model	1	
			Fetal Development Models	1	
			Baby Scale	1	
Durable Medical Equipment			Child Birth Skills Trainer	3	Child Birth Skills Trainer
Bedside Commode	4				
Canes					
Crutches					
Gait Belt					
Walker			Misc		
Wheelchair			Large Suture Skins	11	
Vascular Access- Adult			Ear Suture Skin	2	
Chester Chest	6		Nose Suture Skin	2	
Gaumard IV Push Arm	13		Eye Suture Skin	2	
eNasco IV Adult Arms	13		Mouth Suture Skin	2	
Arterial Arm	2		Elda Suture Pads	25	
Vascular Access- Adult (cont)			Misc (cont)		

Simulab Central Line Trainer	3		I&D arms	10	
Simulab Femoral Line Trainer	1		Half Body Mannequin	2	
SimuLab Arterial Arm (Elda)	1		Hernia Abdomen	1	
			Eye Model	2	
			Ear Model	2	
			Oto Sim	1	
			Ultrasound Machine	1	
			Ultrasound Probe- Round	1	
			Ultrasound Probe- Small Square	2	
			Ultrasound Probe- Large Square	2	
			Syndaver Chest Tube Rib	1	
			Syndaver Chest Tube Skin	10	
			Small Female Genitalia	8	
			Small Male Genitalia	8	
			Pelvic Mentor	2	
			Woundcare Model	5	
			I/O Drivers	2	
			I/O needles (pink)		
			I/O needles (blue)		
			I/O needles (yellow)		
			I/O Bones		
			Ventilator Machine	4	
			External Fetal Heart Monitor	2	

REQUEST: Approved: ☐ Denied: ☐ Date Sent:

Details:

Appendix B

SIMULATION EVENT REQUEST FOR THE SIMULATION AND CLINICAL PERFORMANCE LAB

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Room(s) Requesting

Large Lab Rooms: 440 ☐ 445 ☐ 450 ☐ 460 ☐

Max 21 people per room including instructor or SP

Small Exam Rooms: 401 ☐ 403 ☐ 405 ☐

409 ☐ 413 ☐ 415 ☐

Max 3 people per room
including instructor or SP

407 ☐

417 ☐ 419 ☐ 421 ☐ 423 ☐ 425 ☐ 427 ☐

429 ☐

Flex Patient Care Rooms: 470-A ☐ 470-B ☐ 470-C ☐ 470-I ☐ 470-J ☐

Max 6 people per room
including instructor or SP

470-L ☐

Home Health Apartment: 477 ☐

Max 10 people per room
including instructor or SP

Debrief Rooms: 470-D ☐

☐ 475-H ☐

Max 13 people per room
including instructor or SP

470-G ☐

470-H ☐

Control Rooms: 470K-1 ☐ 470K-2 ☐ 470K-3 ☐ 470K-4 ☐

Max 2 instructors per

470K-5 ☐

The International Nursing Association for Clinical Simulation and Learning (INACSL)

The [Healthcare Simulation Standards of Best Practice](#)[®] are designed to advance the science of simulation, share best practices, and provide evidence-based guidelines for the practice and development of a comprehensive standard of practice. The standards demonstrate a commitment to quality and implementation of rigorous evidence-based practices in healthcare education to improve patient care (INACSL, 2021). The simulation event must meet this checklist of standards:

- ☐ Professional Development
- ☐ Outcomes and Objectives
- ☐ Prebriefing
- ☐ Simulation Design
- ☐ Facilitation
- ☐ The Debriefing Process
- ☐ Professional Integrity
- ☐ Evaluation of Learning and Performance (if applicable)

The Association of Standardized Patient Educators (ASPE) Standards of Best Practice

The [ASPE Standards of Best Practice](#) provide guidelines for working with Standardized Patients (SPs). The simulation event must meet this checklist of standards with utilizing SPs:

- ☐ Domain 1: Safe Work Environment
- ☐ Domain 2: Case Development
- ☐ Domain 3: SP Training
- ☐ Domain 4: Program Management
- ☐ Domain 5: Professional Development

Simulation Objectives (S.M.A.R.T. Criteria)

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1.	
2.	
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			Male Testicle Model	7	
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			Limb Model		
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Pump- PCA	10		Intradermal Injection Arm	4	
Airway			Obstetrical		
Intubation Box- Adult	1		Breast Pump Machine	1	
Intubation Box- Pedi	1		Pregnant Belly (6 months)	2	
Intubation Head- Adult	3		Pregnant Belly (9 months)	1	
Intubation Head- Pedi	3		Infant IM injection Leg	4	
McGrath MAC Blade (Size 3)			Cervical Dilation/Effacement Models	1	

McGrath MAC Blade (Size 4)			Fundus Pelvis	4	
McGrath MAC Portable Video Laryngoscope			Plastic Pregnancy Dilation Chart Model	1	
			Fetal Development Models	1	
			Baby Scale	1	
Durable Medical Equipment			Child Birth Skills Trainer	3	Child Birth Skills Trainer
Bedside Commode	4				
Canes					
Crutches					
Gait Belt					
Walker			Misc		
Wheelchair			Large Suture Skins	11	
Vascular Access- Adult			Ear Suture Skin	2	
Chester Chest	6		Nose Suture Skin	2	
Gaumard IV Push Arm	13		Eye Suture Skin	2	
eNasco IV Adult Arms	13		Mouth Suture Skin	2	
Arterial Arm	2		Elda Suture Pads	25	
Vascular Access- Adult (cont)			Misc (cont)		
Simulab Central Line Trainer	3		I&D arms	10	
Simulab Femoral Line Trainer	1		Half Body Mannequin	2	
SimuLab Arterial Arm (Elda)	1		Hernia Abdomen	1	
			Eye Model	2	
			Ear Model	2	
			Oto Sim	1	
			Ultrasound Machine	1	
			Ultrasound Probe- Round	1	
			Ultrasound Probe- Small Square	2	
			Ultrasound Probe- Large Square	2	
			Syndaver Chest Tube Rib	1	
			Syndaver Chest Tube Skin	10	
			Small Female Genitalia	8	
			Small Male Genitalia	8	
			Pelvic Mentor	2	
			Woundcare Model	5	
			I/O Drivers	2	

			I/O needles (pink)		
			I/O needles (blue)		
			I/O needles (yellow)		
			I/O Bones		
			Ventilator Machine	4	
			External Fetal Heart Monitor	2	

.....
REQUEST: Approved: ☐ Denied: ☐ Date Sent:
Details:

Appendix C

UTHealth Solicitation & Cooley Center Event Request Form

Welcome to the University of Texas Health Science Center at Houston event request site. Please complete the Solicitation Form and include as much detail as possible on each of the questions. Thank you.

Cooley Center Usage:

All users must sign a [User Agreement](#), which details the terms of use.

Priority to use the Cooley Center is given to students, employees and registered organizations of UTHealth requesting the facilities for university purposes (i.e., for the furtherance of and related to the educational, cultural, recreational, and athletic programs of UTHealth). [Usage fees](#) may apply.

Announcement: Cooley Center is limited to a maximum participation of 100 people for any event held Monday-Thursday during regular business hours until further notice.

Solicitation on Campus / Use of University Facilities

To obtain permission to hold any activity or event on campus, including any which may involve or include representatives (or materials, supplies, publications or advertisements) from commercial entities (vendors, publishers, drug companies, medical equipment and device manufacturers, recruiters, etc.), submit this online form to Auxiliary Enterprises. Such activities ("solicitations") may not take place unless they comply with University rules and are approved in advance by the Vice President of Auxiliary Enterprises. For more information, see [Handbook of Operating Procedures](#), [Policy 11, Use of University Facilities](#) and [Policy 16S, Solicitation on Campus](#).

Event Information

* Event Requester Full Name:

* Event Name:

* Event Description:

* What is the Objective of the event?

* Start Time of Event (include pre-event activities):

* Maximum Event Duration:

- ☐ 1 hr
☐ 2 hr
☐ 3 hrs
☐ 4 hrs
☐ 5 hrs
☐ 6 hrs
☐ 7 hrs
☐ 8 hrs
☐ 9 hrs
☐ 10 hrs
☐ 11 hrs
☐ 12 hrs
☐ 1 - 1.5 days
☐ 2 or more days

* Amount of Time Needed for Teardown:

Participant Information

* How many attendees are expected? (Cooley Center is limited to a maximum participation of 100 people for any event held Monday-Thursday during regular business hours until further notice.)

* What is your targeted audience?

* Does your audience include UTHealth students, faculty or staff?

- ☐ Yes
☐ No

* Do Participants Pay to Attend Event?

- ☐ Yes
☐ No

* Are donations requested at the event?

- ☐ Yes
☐ No

If Yes, how much is the fee to participate or amount to donate?

Event History

* Has this event taken place in the past?

- ☐ No
- ☐ Yes, at another location
- ☐ Yes, same as requested

If yes-at UTHealth, state dates of past events:

Additional Event Information

* Will there be alcohol at your event?

- ☐ Yes, I will complete form.
- ☐ Yes, form completed.
- ☐ No alcohol at event.

[UTHealth must fill out the Request Alcohol Form](#)

* Please select location requested:

- ☐ Cizik School of Nursing
- ☐ Cooley Center
- ☐ SRB - IMM
- ☐ McGovern Medical School
- ☐ Operations Control Building
- ☐ Rec Center
- ☐ School of Dentistry
- ☐ School of Public Health
- ☐ University Center Tower
- ☐ UT Professional Building
- ☐ Webber Plaza
- ☐ BSRB - Mitchell Basic Sciences Research Building
- ☐ Online Only Event

Describe the room configuration needed:

* Do you require Food/Catering, Signs/Copies, Printing, Parking, Security or Other Service?

- ☐ No
- ☐ Not yet determined
- ☐ Yes, details below

(Add'l Services may cost extra) Enter details of Services Requested:

Please provide any additional comments or questions regarding your event:

* Add a Meeting:

Add Meeting

No meetings created. [Add Meeting](#)

Vendor Information

* Will there be vendors attending event?

- ☐ No
- ☐ Maybe
- ☐ Yes, Vendor Sponsored
- ☐ Yes, Food Vendor
- ☐ Yes, Equipment Vendor
- ☐ Yes, Supply Vendor
- ☐ Yes, Consultant Vendor
- ☐ Yes, Multiple Vendors
- ☐ Yes, Other

List who the vendors are and what their involvement with the event will be:

List any other external (non-University) entities that will be present at the event and what their involvement will be:

* Will there be promotional brochures/materials/information distributed or displayed at the event?

- ☐ No
- ☐ Yes, non-UTHealth
- ☐ Yes, UTHealth only

Describe briefly each of the promotional items:

Contact Information

* Enter Full Name:

* Phone Number:

Fax Number:

* Email Address:

Please enter the Billing Address including Street, City, State & Zip

If UTHealth - Department Name

If UTHealth - Department Contact Name & Number

Student & Non-UTHealth - List UT Department Sponsor

* Is your association / organization registered with UTHealth?

☐ Yes

☐ No

☐ I am not sure

[Registered Student Organizations](#)

Who is paying for the costs associated with this event?

Submit

Appendix D

SCPL REQUEST FORM TO BORROW EQUIPMENT/TEACHING MATERIALS

DIRECTIONS: Please complete this form and submit it via email to sonskillslab@uth.tmc.edu. You will receive a confirmation email as soon as the request is approved. All requests must be received no later than 7 days prior to the needed date. Failure to submit this form according to policy may result in the inability to obtain equipment.

Name: Click or tap here to enter text.

Today's Date: Click or tap to enter a date.

Contact email: Click or tap here to enter text.

Contact phone number: Click or tap here to enter text.

Course number: Click or tap here to enter text.

Course Name/Event Name: Click or tap here to enter text.

Organization: Click or tap here to enter text.

Pick-up date: Click or tap to enter a date.

Time for pick-up: Click or tap here to enter text.

Pick-up person: Click or tap here to enter text.

Return date: Click or tap to enter a date.

Time for return: Click or tap here to enter text.

To be returned by: Click or tap here to enter text.

Intended Use of Equipment:

- ☐ Health Fair
- ☐ Teaching Project
- ☐ Classroom demonstrati