Tool Name: ________________________________________________________________

By borrowing this assessment tool from the NJMHS Library, I agree to:

- Take financial responsibility for losses of or damages to the tool and its contents.
- Use the tool for teaching, research, and reference only and do not use it with patients.
- NOT leave tool(s) unattended at any time.
- Use the tool in the NJMHS Library only. Tools can be taken out of the library under special approval – WRHA and UM affiliates only (see over).
- Comply with copyright laws – no part of the tool package may be photocopied.
- Inform library staff of any problems or damage (use the condition report below).
- Return the tool and all components within the specified reserve loan period (default – two hours and one hour before library close). Extended loans can be arranged under special approval – WRHA and UM affiliates only (see over).
- Be responsible for late fee fines of $3.00/hour.

CONDITION REPORT

Condition on initial loan (note any new damage or missing parts):

______________________________________________________________________________
______________________________________________________________________________

Condition on return (specify damage, if any) which did not appear on loan out:

______________________________________________________________________________
______________________________________________________________________________

Name (print): ________________________________________________________________

Affiliation (UM, WRHA): __________________________________________________________

Library ID: 22212 _______________________________________________________________

Signature: ________________________________________________________________

Upon Loan  Upon Return

Date/Time : ________________________________________________________________

Upon Loan  Upon Return
CHECKLIST
Staff use only

On initial loan

Approval

- Affiliation of UM or WRHA?
- If non-UM/WRHA affiliate, request proof of therapist’s qualifications?
- NOT leave unattended at any time?
- Use for education, research, or reference – not to be used with patients?
- Library use only?
- Two (2) hour loan period

__________________________________
Staff initials

On Initial Loan & Return

Check inventory list in tool package:

- All items on inventory list in package
- Observations/Comments:

__________________________________
Staff Initial

Staff signature: ______________________________________________________________

Date/Time: ___________________________________________________________________

Extended Loan & Outside Library Use Approval:

Extended loan requested for the following time period: ______________________________

or

Require use outside library ☐

Librarian Signature: _____________________________________________________________

Date/Time: ___________________________________________________________________