

CMPH TRAINING HUB EQUIPMENT REQUEST FORM

INSPECTOR INFORMATION

Full Name: _____

Position/Title: _____

Department: _____

Email Address: _____

Phone Number: _____

EQUIPMENT REQUESTED

Moisture Meter Noise Meter Black Light Tape measure 100ft REHS/RS
 Outlet Tester Secchi Disk Light Meter Translator device Textbook

Purpose of Use: _____

Date of Request: _____

Date Equipment Needed: _____

Expected Return Date: _____

By checking this box, you agree to the following: I understand and agree to the terms of the CMPH Training Hub Resource Library Borrowing Guidelines.

FOR CMPH TRAINING HUB USE ONLY

Approval Section:

Approved by: _____

Date of Approval: _____

Equipment Barcode: _____ Comments: _____

Equipment Issued By:

Issued By: _____

Date Issued: _____

Return Date: _____



Central Massachusetts Public Health Training Hub

Emily Whittaker-Smith, Public Health Training Manager

☎ 508-459-3346 | ✉ ewhittakersmith@cmrpc.org | 🌐 [CMPH Training Hub](http://www.cmphtraininghub.org)