



Branford Community Television

# Equipment Check-Out/In Form

FORM MUST BE COMPLETED WHEN CHECKING OUT AND RETURNING EQUIPMENT!

NOTICE:  
WHEN BEING TRANSFERRED FROM ONE LOCATION TO ANOTHER, THIS CAMERA/EQUIPMENT MUST BE CARRIED IN ITS ACCOMPANYING CARRYING CASE.

Branford Community Television, Inc., 40 Kirkham Street, Branford, CT 06405  
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**CAMERA 8 MINI-DV**  
Pan. AGDVC-60 S/N#: C6TD00006R

**CAMERA 9 MINI-DV**  
Pan. AGDVC-60 S/N#: C6TD00005R

**CAMERA 11 AVCHD-SDHC INV#05235**  
Pan.AG-HMC-70 S/N#: J8HK00221

**CAMERA 12 AVCHD-SDHC INV#05236**  
Pan.AG-HMC-70 S/N#: J8HK00207

**CAMERA 13 ACVHD-SDHC INV#05239**  
Pan.AG-HMC-70 S/N#: A9HK00060

**NRG Lighting Kit**  
(Includes light & battery belt)

**Additional Accessories**

**Extension Cords**  
Type:  
How many: \_\_\_\_\_

\_\_\_ Power Supply/Battery Charger/2 Cables  
\_\_\_ Tripod (type: \_\_\_\_\_)  
\_\_\_ Quick-Release Adaptor  
\_\_\_ Camcorder Instruction Booklet  
\_\_\_ Hard Carrying Case Black/Grey/Yellow  
\_\_\_ Soft Carrying Case Black  
\_\_\_ Camera Remote Control

**SDHC Cards w/Case:**  
128 MG-How many:   
16 GB-How many:   
32 GB-How many:

**Batteries**  
Type/How many: \_\_\_\_\_

**Microphones**  
 Hand-held  
Type:  
Quantity:

Sennheiser Wireless w/Xmtr/Rcvr.  
Quantity:

Audio Technica Lavalier  
Quantity:

Shotgun  
Type:  
Quantity:

XLR Pro Mixer  
Type:  
Quantity:

## Box Below To Be Completed During Equipment CHECK-OUT Only !

Borrower(s) Name: \_\_\_\_\_ Reason for use: (program) \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Home Tel: (203) \_\_\_\_\_ - \_\_\_\_\_ Work Tel: (203) \_\_\_\_\_ - \_\_\_\_\_ Funding Sponsor & Amount: \_\_\_\_\_  
Date Borrowed: \_\_\_/\_\_\_/\_\_\_ Date To Be Returned: \_\_\_/\_\_\_/\_\_\_ Actual Date Returned: \_\_\_/\_\_\_/\_\_\_  
Borrower CT Drivers License Operator #: \_\_\_\_\_ Exp. \_\_\_\_\_  
Borrower Signature: \_\_\_\_\_ BCTV Staff Signature: \_\_\_\_\_  
(Borrower signature indicates understanding of and is in full agreement with terms listed on this page/contract)

## Box Below To Be Completed During Equipment CHECK-IN Only ! TO BE COMPLETED BY BCTV EMPLOYEE ONLY

DATE EQUIPMENT RETURNED (Example: 12/10/2011)  
 /  /

WAS ALL EQUIPMENT & ACCESSORIES INDICATED AS BORROWED/CHECKED-OUT ABOVE RETURNED?  YES  NO  
IF NOT, EXPLANATION REQUIRED: \_\_\_\_\_  
**Employee MUST Verify !**

NAME OF BCTV EMPLOYEE RECEIVING EQUIPMENT: \_\_\_\_\_

SIGNATURE OF BCTV EMPLOYEE RECEIVING EQUIPMENT: \_\_\_\_\_

Terms and Conditions: Borrower is responsible for the care and prompt return of borrowed equipment. Equipment must be returned in the same condition as when borrowed, including all accessories. Borrower must be certified by the BCTV Staff to be able to borrow and use said equipment. Borrower is responsible for the cost to repair and/or replace lost, stolen or damaged equipment. If the equipment is damaged, lost or stolen while under contract to Borrower, the Borrower will have equipment privileges suspended until full compensation to BCTV is made, or until a payment/installment contract is signed with BCTV. Borrower must call BCTV at least 48 hours in advance to schedule use of equipment. Borrower must make appointment to both pick-up and return borrowed equipment. Borrower MUST return all borrowed equipment on or before scheduled return date. Late equipment return is considered a violation, and may result in suspension of any and all privileges.  
**YOU ARE FULLY RESPONSIBLE FOR RETURN OF THIS EQUIPMENT IN THE EXACT SAME CONDITION AS IT WAS WHEN LOANED TO YOU.**  
**DO NOT LEAVE EQUIPMENT IN CAR IN DIRECT SUNLIGHT OR OVERNIGHT.**

# THIS EQUIPMENT IS NOT TO BE USED FOR COMMERCIAL PURPOSES