



<b>AUDIO VISUAL EQUIPMENT</b>		Policy Number: <b>2020</b>
		Effective Date: <b>November 25, 2005</b>
Approved By: Management Committee	Drafted By:	Date Revised: <b>September 15, 2009</b>
Classification: Property		Page No: 1 of 2

## POLICY

The Salvation Army Agapé Hospice shall assign an employee responsible for maintaining the control and accountability of such equipment audio visual equipment in their inventory. The assigned employee should maintain a storage area for unassigned audio visual equipment.

All audio visual equipment will be kept secured either in a locked storage area or by anchoring to a permanent fixture. In all cases, a sign out procedure will be followed for all audio visual equipment.

Accurate inventory records will be maintained by the assigned employee, and reported annually to the Director of Finance for the facility Inventory.

In the event that audio visual equipment is lost, stolen or damaged, the departmental budget of the employee who had signed the equipment out will be responsible for its replacement.

**Any loss of, or damage to, equipment due to negligence or malicious destruction will be charged to the individual.**

## PROCEDURE — Audio Visual Sign-Out Protocol

1. Any person who is signing out audio visual equipment to be taken out of the building will be required to complete an Audio Visual Equipment Booking form either electronically or by hand. By signing electronically or by hand you are agreeing to abide by the following terms and conditions for signing out the equipment, the date and time the equipment must be returned will also be on the form. A copy of the Audio Visual Equipment Booking form is attached;
2. Failure to return the **audio visual equipment** by the date and time specified on the booking form may result in the suspension of privileges for future use;
3. Extensions for signing out **equipment** will only be granted if the **equipment** has not already been requested by another party for any part of the extension and if the authorized borrower signs an updated waiver form indicating the amended return date;



Policy Name  <b>AUDIO/VISUAL EQUIPMENT</b>	Policy Number: <b>2020</b>
	Page No: 2 of 2

4. The laptops and LCD Projectors may not be borrowed and removed from our site for more than three (3) days and this sign-out request must be approved by the Executive Director. The only exception to the three (3) day maximum is when a Manager or designated staff or volunteer requires the use of a laptop while they are at a conference or if they are doing a presentation for the duration of more than three (3) days.
  
5. All **audio visual equipment** must be returned to the Reception desk during regular office hours of Monday – Friday from 0800 – 1600h. The Audio Visual Equipment Booking form will be signed and dated upon return of the **equipment**;
  
6. No **audio visual equipment** shall be altered or tampered with by anyone in any way. Any required maintenance to the **audio visual equipment** should be reported as soon as possible to the Receptionist;
  
7. Failure to abide by the terms and conditions may result in a suspension of sign-out privileges.

### **ATTACHMENT**

Audio Visual Equipment Booking form



## AUDIO VISUAL EQUIPMENT BOOKING FORM

Person Requesting Booking: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Date of Request:: \_\_\_\_\_ Phone #/Extension: \_\_\_\_\_

**Audi Visual Equipment Required:** ( check equipment required)

- |  |  |
|--|--|
| <input type="checkbox"/> Overhead Projector<br><input type="checkbox"/> Screens (large portable)<br><input type="checkbox"/> Slide Projector<br><input type="checkbox"/> Laptop Computer<br><input type="checkbox"/> LCD Projector<br><input type="checkbox"/> Laser Pointer<br><input type="checkbox"/> Wireless Remote | <input type="checkbox"/> Flip Chart & Markers<br><input type="checkbox"/> Digital Camera<br><input type="checkbox"/> CD/Cassette Player<br><input type="checkbox"/> Television and DVD/VCR Combo Player<br><input type="checkbox"/> Public Address System (podium, cordless microphone, etc.)<br><input type="checkbox"/> Extension Cord |
|--|--|

Equipment Picked Up By: \_\_\_\_\_ Equipment Returned Up By: \_\_\_\_\_

Date And Time Of Pick Up: \_\_\_\_\_ Date and Time of Return \_\_\_\_\_

**I have read and agree to abide by the terms and conditions as set out in Audio Visual Equipment Policy. I understand that failure to abide by any terms and conditions of Audio Visual Equipment Policy and Sign-Out Protocol may result in a suspension of my sign-out privileges.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date (d/m/y)

FOR OFFICE USE ONLY	
<b>Date and Time of Return:</b>	
<b>Equipment Received By:</b>	
<b>Condition of equipment upon Return:</b>	