

Blinn College Simulation & Clinical Lab Use Form

Purpose

The Blinn College Simulation & Clinical Lab welcomes the opportunity to partner with other programs to advance learning. The simulation facilities provide our students with unique resources that are both essential for clinical training and costly to maintain. Use of these facilities, therefore is strictly regulated. If you are interested in using any of the simulation spaces, please submit your request to the Simulations Department via email at blinnsimcenter@blinn.edu a minimum of thirty (30) calendar days prior to the date you propose to use the space(s). The submission of a request does not guarantee access to the room or rooms and/or resources. Someone from the Simulation Center will contact you about the specifics of your request and determine if we can accommodate your needs.

Form

Name: _____

Contact phone number: _____ Email: _____

Department/Program: _____

Date(s) Requested: _____

Course/information to be taught:

Number of attendees expected: _____

Spaces Needed:

HiFi Lab Home Setting Virtual IV Room Clinic Space

EMS Lab OR space Hospital Room(s) PTA Lab Radiology Technology

I agree to the following terms of use (initial each point):

1. _____ In accordance with Blinn College policy for the use of spaces of the size the Simulation Center has available, there will be a faculty/student ratio of no more than 1/20 at all times.
2. _____ Simulation Lab supplies are off limits to guests. If such supplies are required, please place your request in writing to the Simulation Center a minimum of 30 calendar days prior to the event to secure those materials.
3. _____ The presence of animals and use of animal parts and blood is strictly forbidden, except in procedures and approved in advance in designated situations.
4. _____ The person requesting use of the facilities will assume full responsibility for replacing materials that are damaged or lost as a result of their use.
5. _____ Tampering with or defacing equipment and/or mannequins is prohibited.
6. _____ The use of explosives, flammable substances, firearms, and/or weapons is strictly prohibited.
7. _____ Formal contract will be signed before use of simulation center outlining damage agreement.
8. _____ Damage to any simulator and/or mannequin and/or equipment is the responsibility of the leasee or renter.

I the understand and agree to these terms _____
Print Name Date

Print Name Date

Simulation Director Approval _____
Print Name Date

Allied Health Division Chair Approval _____
Print Name Date

NOTES: (for internal use only)

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