Request for Use of Hearing Testing Equipment

District: __________________________ Date of Request: ____________

Contact person: _____________________ Phone: ____________________

### Equipment Requested:

- **Multi-headset Portable Audiometer #1 Beltone**
  - Date Requested:
    - 1st choice: ______________
    - 2nd choice: ______________

- **Multi-headset Portable Audiometer #2 Maico**
  - Date Requested:
    - 1st choice: ______________
    - 2nd choice: ______________

### Equipment Picked Up/Returned by:

- **Name:** ____________________
- **Phone:** ____________________

### Equipment will be returned on: ______________

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Return to: Karen Steele, Special Education, MCOE P.O. Box 4925, San Rafael, CA 94913
(415) 491-6612 Fax# (415) 491-6621

**MCOE USE ONLY**

- Portable #1 Available: ______yes ______no
- Portable #2 Available: ______yes ______no

Use Approved by: ____________________

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E:Health Manual/Hearing Section/Hearing Equipment 5/06