

DEPARTMENT OF STATE HEALTH SERVICES
Procedures for Audiometric Loan

1. Name and Mailing Address: <i>(Include Name of Person Requesting Loan)</i> Used as a Mailing Label for Correspondence	2. Type of Organization: <i>(ISD, Day Care, etc.)</i>
	3. Physical Location: <i>(Shipping address)</i> Do Not Use P.O. Box #
4. County:	5. Number of People to be Screened:
6. First Choice for Screening: <i>(Start and End Date)</i>	8. Facility Telephone Number: <i>(Including Area Code)</i> ()
9. Second Choice for Screening: <i>(Start and End Date)</i>	10. Screener's Telephone Number: <i>(Where person using the audiometer may be reached)</i> ()
11. Name of ALL PERSONS who will be using the Equipment:	
NAME _____ _____ _____	NAME _____ _____ _____
Should more than six persons be using the equipment, please attach a separate sheet with names and numbers.	

*If this application is approved, I will **assume responsibility** for this State owned equipment. I agree to return it on the date indicated in my loan agreement - **insured**, at my own expense.*

*I affirm that all hearing screening performed with this equipment will be **at no cost to the individuals screened.***

 Signature of person borrowing the equipment

 Date

FOR OFFICE USE ONLY BELOW THIS LINE

Approved Loan Period:	
Inventory Number:	Date Due Calibration:
Manufacturer:	Model:
Value:	Date of Shipment/Pick-Up:

Notes:

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PLEASE KEEP THIS FORM FOR FUTURE USE - DO NOT USE OLD FORMS!

The Audiometric Lab has a limited number of audiometers for short-term loans to schools, day care centers and other organizations that need this equipment to screen for hearing problems. There is no charge for this service other than the one-way freight and insurance costs to return the equipment to this department.

Persons who use this equipment must be registered with this agency as an **Audiometer User**. They must affirm that all hearing screening performed with this equipment will be at no cost to the individuals screened.

Due to the **large numbers of requests** and the **limited number of audiometers** available for loan, we ask that you **schedule your screening to maximize use of the audiometer**. Please keep the loan period as short as possible. Do not exceed loan limits listed below.

NUMBER OF CHILDREN TO BE SCREENED	MAXIMUM LENGTH OF AUDIOMETER LOAN
0 -50	1 WEEK
51 - 100	2 WEEKS
101 - 250	3 WEEKS
251 - 500	4 WEEKS
501 - 750	6 WEEKS
751 AND ABOVE	8 WEEKS

Requests should be made as far as possible in advance of need and should be directed to:

**MAIL CODE 1938
DEPARTMENT OF STATE HEALTH SERVICES
HEALTH SCREENING GROUP
AUDIOMETRIC LAB
1100 WEST 49th STREET
AUSTIN, TEXAS 78756**

Include the following information:

1. Name and mailing address of person applying for an audiometer loan.
2. Name of school district, day care, pre-school or other organization borrowing.
3. Actual location for delivery by UPS (unable to deliver to P.O. Box or Rural Route).
4. County located in.
5. Approximately number of people being screened.
6. Dates for the audiometer to be used for screening.
7. Number of audiometers needed for screening.
8. Telephone number, including area code, for the organization.
9. Alternate choice of dates, if first choice cannot be met.
10. Telephone number where the person responsible for the equipment can be reached.
11. List all persons who will be using the audiometer.

If the request is approved, the equipment will be shipped and insured at State expense.

THE BORROWER IS RESPONSIBLE FOR THE RETURN SHIPPING AND INSURING COSTS, AND THE RETURN OF AUDIOMETER ON TIME.

The borrower will receive two copies of the loan form. **Immediately** upon receipt of the audiometer(s) **one form should be signed and returned to this office**. Also included in this packet will be report forms for each audiometer in use. It is important that this **completed** report is **returned with the audiometer**.

**PHONE (512) 458-7420
FAX (512) 458-7213**