

Infrared Thermometer Sign-out Sheet

This box to be completed when checking out equipment.

If you have questions, contact NDSU Extension Service energy educator Carl Pedersen at carl.pedersen@ndsu.edu or (701) 231-5833.

- Thermometer # _____

- Date signed out ____/____/____ Due date ____/____/____ Date returned ____/____/____

- Borrower' name _____

- Address _____

- Phone () _____

- Reasons for checking out thermometer _____

- Possible areas in home needing attention _____

- I agree to return the borrowed equipment in the condition in which it was checked out. I agree to provide the NDSU Extension Service a check in the amount of \$60 as a deposit for borrowed equipment. If I fail to return the item in the proper condition by the agreed due date, I will forfeit my deposit. I also agree to allow NDSU personnel to contact me regarding the information gathered using this device.

I have read the above information and agree to the terms and conditions contained herein.

Borrower's signature _____

**Department of Agricultural
and Biosystems Engineering**

NDSU
Extension Service

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Fargo, North Dakota 58105

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