**EQUIPMENT PROVIDED BY A COMPANY FOR USE IN THE DEPARTMENT (DEMONSTRATION, EVALUATION, LONGER TERM LOAN)**

<table>
<thead>
<tr>
<th>Description:</th>
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<tbody>
<tr>
<td>Company:</td>
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<tr>
<th>Location of Equipment:</th>
<th>Value of Equipment: £</th>
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<tbody>
<tr>
<td>Member of staff responsible for the equipment:</td>
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<tr>
<th>Period of loan – dates</th>
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**Equipment Insurance (please tick box that applies)**

- [ ] Equipment that is on demonstration or loan for the purposes of evaluation shall at all times be at the sole risk of the Supplier as regards damage, loss or destruction and neither UY or the user shall be under any obligation to keep the equipment insured.
- [ ] Equipment that is provided primarily for the benefit of the University shall be covered as regards damage, loss or destruction through the University’s insurance policy.

**Public Liability**
The Supplier will hold Public Liability Insurance of a minimum of £5 million unless otherwise agreed.

**Maintenance / Repair**

- [ ] The equipment shall at all times be at the sole risk of the Supplier as regards damage, loss or destruction and neither UY or the user shall be under any obligation to keep the equipment insured.
- [ ] The equipment is provided partly for the benefit of the University and shall be covered as regards damage, loss or destruction through the University’s insurance policy.

**Training / Usage**
The Supplier will provide appropriate instruction/training for the correct and safe use of the equipment. It is assumed that any member of the Department will be free to use the equipment, following the appropriate procedures provided by the Supplier, unless specifically stated here by the Supplier.

**General**

- [ ] Tick to confirm that the equipment will undergo Portable Appliance Testing (PAT) after installation in the Department.

**Other Conditions**

- Delivery and removal costs: assumed to be met by the Supplier unless otherwise agreed and stated here:
- Consumables: suitable consumables to undertake agreed evaluations are assumed to be provided by the Supplier unless otherwise agreed and stated here

Please state any other conditions:

**Signed**

University of York

Name:………………………………………….

Date: ……………………..

Signature:……………………………………

Supplier

Name:…………………………………………

Date:………………………..

Signature:……………………………………

Please return this form to Biology Infrastructure (B/F010) with a copy of the public liability insurance certificate.

Last review date: January 2016