



Brockton Community Access

P.O. Box 1057 – Brockton, MA 02303 – Tel:(508)580-2228 Fax: (508)580-0750
www.BCATV.org

PORTABLE EQUIPMENT REQUEST

<i>BCA Staff Use Only</i>
Staff Member's Name: _____
Date: _____

All requests for portable equipment are accepted on a first come, first served basis with
A MINIMUM TWO DAYS NOTICE.

Please call 508-580-2228 prior to equipment pick up or drop off to make sure staff is available.

The person requesting the equipment **AND** the equipment operator **MUST** be certified to operate the specific equipment requested and be a volunteer in good standing with BCA. Please fill in each of the entries below.

Any form not properly and completely filled out will not be considered as a reservation request.

Requested By: _____ **Date of Request:** _____

Contact Phone: _____

Program Name: _____

Date of Shoot: _____ **Time of Shoot:** _____

Location of Shoot: _____

Equipment Operator: _____

PICK-UP Date: _____ **PICK-UP Time:** _____

RETURN Date: _____ **DROP-OFF Time:** _____

I agree to properly transport, store and use all issued equipment. I agree to allow no one other than the listed operator to use the equipment. The equipment will be returned in the same condition as when signed out. I agree to report all damage or problems when I return the equipment.

I agree to accept full responsibility for repair or replacement of equipment damaged, lost or stolen while it is signed out to me.

Signed: _____ **Date:** _____

Approved by: _____ **Date:** _____

Quantity	Item	ID Numbers	Signed Out	Signed In
	Camera: Canon GL-1 Mini-DV			
	Tripod			
	Microphone EV 635			
	Microphone lavalier			
	Mic Cables XLR 25'			
	Mic Cables XLR 50"			
	Mic Cable XLR – Mini to Female 3'			
	Mic Cable XLR - Mini to Male 3'			
	Mic Cable XLR - Mini 10'			
	Cable BNC (video)			
	Cable RCA			
	Mic Stand - Desk			
	Mic Stand - Floor			
	Batteries (1) hr, (2) hr, (3) hr			
	AC Power Unit with cables			
	Field Monitor			
	Headphones			
	Light Kit			

Videotape or Dvd Sign-Out:			Videotape or Dvd Sign-In:		
Tape Type	Length	Number	Tape Type	Length	Number



Checked Out by: _____ Date: _____ Time: _____
Signature of User: _____



Damage / Problem Report: _____

Signature: _____
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Checked In by: _____ Date: _____ Time: _____
Signature of User: _____