

**Clarendon County Fire Department  
Learning/Training Resource Check-Out Form**

**Name of Borrower** \_\_\_\_\_ **Date Checked Out** \_\_\_\_\_

**Department** \_\_\_\_\_ **Date Due Back** \_\_\_\_\_

**Resource Title** \_\_\_\_\_ **Resource ID** \_\_\_\_\_

**Media Type (check one):**    **Book** \_\_\_\_\_    **Video** \_\_\_\_\_    **CPR Manikin(s)** \_\_\_\_\_

**AED Trainer(s)** \_\_\_\_\_    **First Aid Training Supplies** \_\_\_\_\_

**\*\*If checking out CPR Manikins or AED Trainers, please indicate number in blank\*\***

**CCFD Personnel Authorizing Check-Out** \_\_\_\_\_

**Borrower's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*By signing, I understand that it is my responsibility to return the above item(s) to the Clarendon County Fire Department by the Due Date stated above. I further understand that I am responsible for any damages to the media or equipment that I borrow from the Clarendon County Fire Department while it is signed out to me.*