



## SYRINGE DRIVER HIRE AGREEMENT TERMS & CONDITIONS

For all Residential Care facilities

AH Fax: (06) 3566631

Arohanui Hospice provides this syringe driver at a charge of **\$125.00/week for the first week and then \$15.00/day** thereafter including day of issue and day of return.

It is hired to you in good working order. If it does not function properly at any stage, please stop using it immediately and contact the hospice on **06 356 6606**.

It is your responsibility to return the syringe driver as soon as possible after it is no longer required (by Courier or arrange collection) but remember you will be charged till day of return.

Please return the syringe driver clean in good working order, with the lockbox and in the container it was provided in.

**There is no indemnity from Arohanui Hospice - you store and use the equipment at your risk.**

**You will be charged for any cost associated with the repair of damage or replacement for loss or irreparable damage.**

Note:

- The syringe driver will be issued with 1x 9volt battery. It will be your responsibility to replace batteries during its operational period
- The key to the lockbox should already be at your facility

Bradma/Name
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Facility Name: \_\_\_\_\_

Syringe Driver No: \_\_\_\_\_

**I accept the above terms and conditions and understand that Arohanui Hospice will invoice the facility at the end of the hire period.**

Signature (facility representative): \_\_\_\_\_ Copy retained by facility

Name/designation: \_\_\_\_\_ Copy to Hospice

Date Loaned: \_\_\_\_\_

Date Returned: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Office Use only</b>
Invoice No: _____
Date: _____