



# Niki pump loan form

- All loaned equipment remains the property of Residential Care Line (RCL).
- The facility manager is responsible for the following equipment during its loan.
- A copy of this document is to be signed and left with the Residential Aged Care Facility.

Date of loan:

Facility:

Facility manager's name:

Nurse/staff receiving Niki pump:

Niki pump, serial number:

Lock box & key: YES / NO (circle)

Batteries supplied: 1 / 2 (circle)

Equipment box: YES / NO (circle)

Bedside education provided by RCL re use of the Niki pump: YES / NO (circle)

Procedure guide – Saf-T-Intima & Niki T34 syringe driver: YES / NO (circle)

Name and signature of RCL staff member:

If you have any concerns with the Niki pump during its loan period, please contact RCL. Once Niki pump is no longer in use, please contact RCL for collection.  
Phone: (08) 6457 3146 (8am-6pm, seven days a week)  
[rcl@health.wa.gov.au](mailto:rcl@health.wa.gov.au)