UW LACTATION STATION AGREEMENT

____ The correct use of the breast pump has been demonstrated to me. I have received instructions and have had the opportunity to ask questions.

OR

____ I will bring my own breast pump.

____ I understand the key or the key code that has been issued to me for the Lactation Station is for my use only. Anyone who uses the Lactation Station needs to sign a user agreement form, so I will direct new users to call Work/Life, rather than give them access.

____ I understand that I am responsible for bringing my own collection kit and storage containers each time I use the pump.

____ I agree to wipe down the pump (with the solution provided) prior to using it, and to clean up my spills after each use. I will not leave pump parts in the room.

____ I understand that the average pumping time is 15-20 minutes. I agree to be considerate of others' schedules and not go over the time limit allowed at each station. I may reserve time at the Brooklyn Building, Hall Health, Health Sciences, and Sieg Hall stations; the UWMC Pacific Tower station is available on a first-come, first-served basis. Here is a list of the rooms and their time limits:

Brooklyn Building: room 34	30 minute sessions
Hall Health: room 19	20 minute sessions
Health Sciences: T-595	30 minute sessions
UWMC: Pacific Tower NN537	20 minute sessions
Sieg Hall: room 121	30 minute sessions

(Pumps on the Patient Care Units, MIC and NICU, are for patients only)

____ I understand that I have access to all four lactation stations, and I have designated my main station as _____.

____ I will return the key, if applicable, when I no longer require the facilities.

Name: _____ Date: _____

Dept: _____ Phone: _____

E-mail: _____ Box: _____

I have read, understand, and initialed the above statements:

Signature: _____ Date: _____

Key Given to User: Date: _____ UW-ID #_____ Received By: _____ Key # _____

Date Key returned: _____ Received By: _____