UW LACTATION STATION AGREEMENT
UW Tower – O28 & O29

____ The correct use of the Symphony 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 that the key that has been issued to me for my use only of the Lactation Station. Anyone who uses the Lactation Station needs to sign a user agreement form. I will direct new users to call Work/Life, rather than give them the key.

____ 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 30 minute time limit allowed.

____ I will return the key to UW Tower Facility Administrator when I no longer require the facilities.

Name: _____ Date: _____

Dept: _____ Phone: _____

E-mail: _____ Box: _____

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

Signature: _____ Date: _____

Key Given to User: Date: _____ EID #_____ Received By: _____ Key # _____

Date Key returned: _____ Received By: _____