



Ohio Valley Employment Resource
Po Box 181
Marietta, Oh 45750
www.omj15.com



Equipment Check Out/In Sheet

Pick up: _____

Return Date: _____

Date: _____

Date: _____

Location: _____

Location: _____

Signature: _____

Signature: _____

Equipment Received:

- ___ VR headsets
- ___ VR hand controllers
- ___ VR Charging Cord
- ___ Microfiber Cloth
- ___ VR Case
- ___ Binder

Equipment Returned:

- ___ VR headsets
- ___ VR hand controllers
- ___ VR Charging Cord
- ___ Microfiber Cloth
- ___ VR Case
- ___ Binder

#'s of equipment

#'s of equipment

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VR Headset Use and Care Sheet

Cleaning the Oculus Headset:

To clean the headset lenses or sensor lenses:

- Use a dry optical lens microfiber cloth to clean the lenses
- DO NOT use liquid or chemical cleansers
- Start from the center of the lens, gently wipe the lens in a circular motion moving outwards.

To clean the VR Covers and Controllers:

- Use non-abrasive anti-bacterial wipes to clean the surfaces and buttons of the headset and controllers.
- Clean after each use

Storing the Oculus Headsets:

Headsets Placement when Not in Use

- Keep the headset away from direct sunlight
- Do not leave the headset in extremely hot locations (ex: inside a ho car), near heat sources.
- Keep the headset securely locked up between uses.

Signature: _____

Date: _____

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Equipment Agreement for VR

Company Name: _____

Company Address _____

Contact person/Phone # _____

#of headsets requested _____

Dates Equipmet needed: _____ Date to be returned: _____

The equipment listed above was made possible through your local Workforce Area by Ohio Valley Employment Resource (OVER). This equipment is on loan to you and under your care for the dates listed above and should be returned in the case and in same working condition as it was received.

If loss/damage occurs to the case, equipment, or cords provided to make the equipment operational, it will be the responsibility of the company listed above to notify, Stephanie Schott at 740-516-2174 immediately. Arrangements will be made between the company and OVER to replace &/or return the equipment, case, and contents to their original working condition. Use the care sheet provided for all VR equipment.

I, _____, agree to the above terms to this agreement and will return equipment by date above and in working condition. If something were to happen during the time it is in my possession, arrangements will be made to replace or return equipment, case, and contents to its original working condition.

Signature _____ **Date** _____

Contact Stephanie at 740-516-2174 for questions. Submit signed agreement to Stephanie@omj15.com