Bourns College of Engineering
Lactation Room Use Agreement
Engineering Building Unit 2 Room 214

Name: __________________________________________________________

Phone number: ____________________________________________________

Email: ____________________________________________________________________

Staff/Student ID number: ______________________________________________

Weeks/Months needed: From (date)________________________ to (date)_______________________

BCOE Affiliation:  □ Bioengineering  □ Chemical/Environmental  □ Computer Science
                  □ Electrical  □ Mechanical  □ Dean’s Office
                  □ Material Science  □ Bioengineering  □ Other _______________________

I have read and understand the following:

Purpose: The Bourns College of Engineering has designated Engineering Building II room 214 as a lactation room.

Use: Priority for lactation room use is given to BCOE employees and students. Use by non-BCOE persons will be considered on a case-by-case basis and may depend upon availability.

Access: Users may obtain a key to access the room by presenting their UCR employee or student identification and completing a lactation room user agreement. Keys must be returned to the Dean’s Office when the user no longer needs the room for lactation purposes.

Scheduling: A calendar has been posted in the room. In the event more than one person has been granted room access, users may elect to note and initial the approximate times they plan to use the room so that schedule conflicts can be avoided.

Room Courtesy: Knock before entering. Users must clean up after themselves and secure the room when leaving. Users’ supplies may be stored in the room; labeling is recommended. BCOE is not responsible for any lost or damaged items.

Problems: Room issues such as cleanliness, availability, or misuse may be reported to the BCOE Safety & Facilities Coordinator at 2-1241.

_________________________________  ___________________________________
Signature                                      Date

____________________________________  ______________________________
Issued Key Number                           Date Returned                  BCOE Representative