

# OPOTA VR TRACKING



Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Agency CEO:		
Agency:		
Agency Representative:		
Anticipated Date of Return:		
<b>Number of Students Trained:</b>		
VR Scenarios approved for CPT:	Other Training Courses supported by VR (DV, CIT, Well-being, Supervisor, etc.)	

**Virtual Reality Kit(s) Loaned:**

OPOTA ID	OPOTA ID	OPOTA ID

Released by: \_\_\_\_\_ Signature: \_\_\_\_\_

I understand by signing below, that I am accountable for the care, use, and return of the equipment and will report immediately any issues or damages to the issuing provider.

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Received date: \_\_\_\_\_

Returned by: \_\_\_\_\_ Signature: \_\_\_\_\_

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Returned date: \_\_\_\_\_