Lactation Accommodation Program
Room Usage and Program Participation Agreement

I ___________________________________________________________, have received and reviewed the guidelines on the BNL Lactation Program and have had an opportunity to ask questions and have had all of them answered to my satisfaction.

I will begin using the Lactation Room for an approximate period of _____________ months for the purpose of expressing my breast milk, beginning on or about the date of _______________________.

I understand that I am responsible:
   a. For bringing my own breast pump
   b. To sanitize the countertop, sink and other surface areas before and after expressing milk.
   c. To clean up any spills or other untidiness created during use of the room.
   d. For contacting designated personnel in the event of a spill.
   e. For securing the room after each use when applicable.
   f. To use the room for lactation purposes only and that I will respect the privacy of other lactation program participant.
   g. For returning the key or access card after using the room when applicable.

I also understand that I will have access to and use of:
   a. A refrigerator, which may be used for the storage of expressed breast milk. If I elect to use the refrigerator to store expressed breast milk, I:
      • will ensure it is labeled with my name, department, telephone extension and the date the milk was expressed
      • accept the responsibility to remove all of my stored breast milk by end of the third business day. Stored milk that has not been removed may be disposed of.
      • will be responsible for ensuring that the refrigerator is kept clean at all times
   b. A lock box to store expressed milk in the refrigerator. If I elect to use the lock box, I:
      • will provide my own lock to secure it and will ensure that it is kept clean at all times.

I am aware that the Lab will provide germicidal disposable wipes and disposable gloves.

I understand that:
   a. I should not leave any personal items or equipment in the lactation room.
   b. I should not store food or drink in the refrigerator.

The BNL Lactation Program does not include ice packs, containers or other accessories; therefore, it is my responsibility to furnish these items.

I understand that failure to comply with any of these provisions could be grounds for denying me further access to the lactation room.

Participant Name: ________________________________  BNL Lactation Room Coordinator Name: ________________________________

(Please print)  (Please print)

Signature: ________________________________  Signature: ________________________________

Date: ________________________________  Date: ________________________________