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EQUIPMENT CHECKOUT

CHECKOUT NO.	DATE OUT	DUE BACK	ISSUED BY	DEPARTMENT / LOCATION

BORROWER

Name _____

ID / employee no. _____

Phone / email _____

Purpose / job _____

USE

Location of use _____

Supervisor _____

Training verified _____

Replacement value _____

Items checked out

Item	Asset tag	Serial no.	Accessories	Condition out

I accept responsibility for the items listed, will use them only for the stated purpose, will not lend them to others, and will return them by the due date in the condition received. I will report loss or damage immediately and understand that negligent loss or damage may be charged at replacement value in line with company policy and applicable law.

Borrower signature / date _____

Issued by signature / date _____

Return

Item	Date returned	Condition in	Complete	Damage / missing items
			❑	
			❑	
			❑	
			❑	
			❑	

Returned by / date _____

Received by / date _____

Follow-up required? _____