

Employee Equipment Checkout Form

Employee Information:

Name: _____

Employee ID: _____

Department: _____

Contact Number: _____

Supervisor Name: _____

Equipment Details:

Item Name: _____

Serial Number: _____

Condition (Before Checkout): New Good Fair Poor

Date of Checkout: _____

Expected Return Date: _____

Purpose of Equipment Use:

Office Work

Field Work

Training

Other: _____

Agreement:

I acknowledge receiving the listed equipment in the stated condition and agree to return it in the same condition, barring normal wear and tear.

Equipment Log Table:

Equipment Name	Serial Number	Date of Issue	Condition Upon Return

Signatures:

Employee: _____ **Date:** _____

Supervisor: _____ **Date:** _____