

# Equipment Inventory Checkout Form

## Inventory Details:

Item Name: \_\_\_\_\_

Item ID: \_\_\_\_\_

Category: \_\_\_\_\_

Date Checked Out: \_\_\_\_\_

Return Date: \_\_\_\_\_

Condition Before Use:  New  Good  Fair  Poor

## Employee/Department Information:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Inventory Use Authorization:

Authorized for internal use only. Unauthorized use will lead to penalties or disciplinary action.

## Inventory Tracking Table:

Item Name	Category	Date Checked Out	Notes on Condition


**Signatures:**

**Employee/Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inventory Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_