

Equipment Checkout Sheet

Staff Name _____

Check out Date _____

Location _____

Return Date _____

Number of usage days: _____

quantity _____

Purpose: _____

I, _____, hereby understand that I will be responsible for the following Equipment. I will return the Equipment and all items associated with it to the appropriate personnel. I have gone through all necessary training and feel confident to operate and manage all equipment checked out. I fully understand that if Equipment is lost while being checked out in my name, that I may be held accountable for any negligent act.

Signature _____ Date _____

Item being checked out: _____

(Any markings or other damages that may have already been on equipment prior to your pickup)

Office Use Only below this line:

Serial Number _____

Millwood ID _____

Description _____

Check in Date _____

Authorized Signature:: _____ *(after Equipments have been returned)*

Comments: _____

Please turn in 4 days prior to checkout date for approval and availability