

# Equipment Inventory Checklist

Facility/Department: \_\_\_\_\_ Date: \_\_\_\_\_

| No. | Equipment Name | Manufacturer/Brand | Model/Serial No. | Quantity | Condition | Location | Remarks |
|-----|----------------|--------------------|------------------|----------|-----------|----------|---------|
|     |                |                    |                  |          |           |          |         |
|     |                |                    |                  |          |           |          |         |
|     |                |                    |                  |          |           |          |         |
|     |                |                    |                  |          |           |          |         |
|     |                |                    |                  |          |           |          |         |

Checked By: \_\_\_\_\_ Signature: \_\_\_\_\_