INVENTORY of TOOLS and GEAR

Employee name: _____(print)

Company name: _____(print)

Company Representative: _____(print)

Job Location: _____(print)

TOOLS	GEAR (incl. clothing/personal items)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signatures confirming above items are accurate:

_____ _____

Employee Company Representative

Employee Address: _____

_____ Date: _____

(use reverse if extra space needed)

TOOLS	GEAR (incl. clothing/personal items)

COMMENTS: _____