Equipment Inventory for: _____

Complete by:_____

ON (mm/dd/yy):_____

| Item Description | Manufacturer and Model Number | Replacement Cost as of: | Person Responsible for | sible or Room | Condition | Photos? Yes/No |
|------------------|----------------------------------|----------------------------|------------------------------|---------------|-----------|-------------------|
| | Serial Number | (mm/dd/yy) | for Equipment | | | |
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