Issue							Return					
Date	Time Issued	Equipment	Equipment ID Number (or Range)	Equipment Count	Equipment Intact (Y/N)	Initials	Time Returned		Missing Items (ID Number or NA)	Observed		Initials
xx/xx/xxxx	xx:xx	Knife	xxxxxxxx	5	Υ	XX	уу:уу	4	NA	NA	Find Knife. Located Under Bench. Returned	XX

Verification Date:	Verified By:	Role:	

NOTE: All processing hand tools (knives, scissors), cleaning and maintenance tools shall be issued and accounted for after use or end of shift. On return, equipment damage shall be identified (including for wood damage). Corrective actions are required for missing or damaged items.