

Greater Waltoyn UHC Inc.

Equipment Checkout Form

Item(s) – Description and Quantity

Reason Needed

Will Return: Date _____ Time _____

Check Out: Approved _____ Denied _____

By: (Staff Signature) _____ (Date) _____

Comments/Instructions _____

Checked Out By: _____ (Date) _____

Checked In By: _____ Staff Initials _____ Time _____