Equipment Inventory

FORM 09

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Department: _____ **Inventory Verified As Of:** _____

Keep equipment identity, location, status, installation, and registration records current; retain supporting files.

Unit or Model or Serial No.	Location or Status	Registration or Shielding File Ref.	Installed or Status-Change Date	Last Performance Test Date	Equipment File Reference

Equipment Inventory

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____