

Company Name

Orientation Packet

INVENTORY CHECKLIST AND CUSTODY

I _____ certify that I have been provided the below listed equipment in conjunction with my duties for Company Name. I understand that if I should not return the equipment upon my termination or resignation from Company Name that I authorize the deduction of the value (listed below) from my paycheck. In addition, if lost or stolen, I am to report the incident immediately to Company Name for replacement.

	<u>ITEM DESCRIPTION</u>	<u>INVENTORY #</u>	<u>VALUE</u>
<input type="checkbox"/>	Stethoscope	#	\$
<input type="checkbox"/>	BP Cuff	#	\$
<input type="checkbox"/>	NS Gloves	#	\$
<input type="checkbox"/>	Alcohol Prep Pads	#	\$
<input type="checkbox"/>	Digital Thermometer	#	\$
<input type="checkbox"/>	Carrying Bag	#	\$
<input type="checkbox"/>	Temp Probe Covers	#	\$
<input type="checkbox"/>	Sharps Collector	#	\$
<input type="checkbox"/>	_____	# _____	_____
<input type="checkbox"/>	_____	# _____	_____
<input type="checkbox"/>	_____	# _____	_____

Employee Printed Name

Date

Employee Signature