Laboratory Equipment Exit Clearance Form

Name of Requestor			
Department			
Position			
Date			
Equipment Information			
Item Description	Serial/Asset No.	Condition	Remarks
Reason for Exit/Transfer			
Checked By (Laboratory Staf Name	f)		
Signature			
Date			
Approved By (Supervisor/Hea	ad)		
Name			
Signature			
C.g. Maio			
Date			