## **Metal Detector Equipment Checkout Form**

| Name                         |
|------------------------------|
|                              |
| Department                   |
|                              |
| Date Out                     |
|                              |
| Date Returned                |
| Equipment ID / Serial Number |
| Equipment is 7 Serial Number |
| Make/Model                   |
|                              |
| Purpose of Checkout          |
|                              |
|                              |
| Condition When Checked Out   |
|                              |
|                              |
| Condition Upon Return        |
|                              |
|                              |
| Charled Out By               |
| Checked Out By               |
| Returned To                  |
|                              |
|                              |