

# CHECK-OUT SHEET FOR GML EQUIPMENT

Item(s) checked out : \_\_\_\_\_

Contact number and email: \_\_\_\_\_

Location item(s) will be used: \_\_\_\_\_

Date checked out: \_\_\_\_\_ Date to be returned: \_\_\_\_\_

#	Item Description	Property Number (if applicable)	Returned Condition

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Lab Manager Initials

**Person signing assumes complete responsibility for listed items.**

Please notify lab manager when item is returned.