



Equipment Usage Report

Project Number:
 Project Name:
 Project Address:
 City / State / ZIP:
 Project Contact:
 Notes:

Report Date:
 Completed By:
 Completed By Email:
 Customer Name:
 Customer Address:
 City / State / ZIP:
 Customer Contact:

Equipment Used				
Item Number / Item Description	Notes	Unit Type	Length	Qty
7319	Size small, comfort straps	Each		20.0
N95 Particulate Dust Mask Respirator				
CWOPS18		Each	12' 6"	12.0
5/8"x 4' 0"x 12' 0" Firecode Type X Board				

Verification of Inspection					
Thinking of all equipment used today, answer all of the following questions.					
#	Item/Question	Yes	No	NA	Comments
1.	Was all equipment inspected and in working order at the start of day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Was all equipment inspected and in working order at the end of the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Was all equipment verified secured and locked at the end of the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Was any repair required for any piece of equipment? (If yes, indicate which equipment in the comment section and attach a picture of the repair work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Acknowledgement			
SIGNATURE NAME	SIGNATURE	SIGNATURE DATE/TIME	SIGNATURE NOTE