

OET Workforce Equipment Inventory Control Form

1. Date: _____

Contact Information

2. Grant Recipient Name: _____

3. Subrecipient Name: _____

4. Address: _____

5. Phone: _____

6. Email: _____

Equipment Description

7. Brief Description: _____

8. Location of Equipment: _____

9. Serial #:

10. Purchase Price: _____

11. Date of Purchase: _____

12. Condition of
Equipment:

☐ New

☐ Used

13. Vendor Name and Address: _____

14. Source of Funding: _____

15. Who Holds Title: _____

16. Signature of Grant Recipient/Subrecipient Property Officer

17. Date

FOR OET USE ONLY

OET approval letter on file? ☐ Yes ☐ No

Date of Letter: _____

On-site verification date: _____

Monitor Name: _____

Phone: _____

OET Staff's Comments: _____

OET Staff's Signature

Date