

Report of Excess/Unserviceable OET Workforce Equipment

1. Date: _____

Contact Information

2. Grant Recipient Name: _____

3. Subrecipient Name: _____

4. Address: _____

5. Phone: _____

6. Email: _____

Equipment Description

7. Location of Equipment: _____

8. Brief Description of Equipment from
OET Workforce Inventory Listing

9. Serial #

10. Acquisition
Date

11. Acquisition
Cost

12. Condition of Equipment

FOR OET USE ONLY

OET Staff's Recommendation for Disposition:

OET Staff's Signature

Date