



## Equipment list Form

### CLIENT GENERAL INFORMATION

Company Name :

Date :

Customer Name :

Designation :

Address :

Contact Phone/ email:

### EQUIPMENT INFORMATION

Date of request:

Access Time:

In  Out

Item No	Equipment Description (Serial No)	Power Consumption	Weight	Qty	Rack ID	Remark



Item No	Equipment Description (Serial No)	Power Consumption	Weight	Qty	Rack ID	Remark

- Requested items :  Service Lift  
 Passenger Lift  
 Staging Room  
 Store Room

Authorized Personnel Signature:

Name :

Designation :