

EQUIPMENT MOVE FORM

Date of equipment Move: _____ Form # : _____

Equipment Move Request Date: _____ Department: _____

Requested by _____ Designation: _____

Requested for equipment move to department / Unit : _____

Equipment Name :

Equipment Details:

Reasons for move:

Approval Note:

Requester Sign. _____ Verified & Approved by: _____ Sign. _____

EQUIPMENT MOVE DETAILS

FROM:		TO:	
Building / area	:	Building / area	:
Operator	:	Operator	:
Contact (Ext.)	:	Contact (Ext.)	:
Removed by	:	Installed by	:
Supervisor	:	Supervisor	:
<u>General Issues Identified:</u>		<u>Requirements of equipment at new location</u>	

Parts any remains to move:

Verified & Recorded by: _____ Sign. _____