Equipment Log

	Resident Name	Room	Phone	Item	Date/Time OUT	Res Sig	DA Sig	Date/Time IN	DA Sig	Res Init.	Fee Paid
	Sally Smith	415	x4567	2 spatulas	8/15/06 1pm	Sally Smith	vhailes	8/15/06 3pm	vhailes	SS	$0.50
1											
2											
3											
4											
5											

6											
7											
8											
9											
10											