



The PARTY Sounds Eswatini: Equipment Return Checklist

Agreement ID: [Staff Fills]..... Return Date:...../...../..... [Staff Fills]

Client Name: [Staff Fills]..... Client Rep:..... [Client Fills]

1. Returned Equipment List

(Staff checks against original contract, Client confirms presence)

Item Description	QTY	Serial No.	Condition Check	Missing?
1.			<input type="checkbox"/> Good / <input type="checkbox"/> Damage	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2.			<input type="checkbox"/> Good / <input type="checkbox"/> Damage	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3.			<input type="checkbox"/> Good / <input type="checkbox"/> Damage	<input type="checkbox"/> Yes / <input type="checkbox"/> No
4.			<input type="checkbox"/> Good / <input type="checkbox"/> Damage	<input type="checkbox"/> Yes / <input type="checkbox"/> No
5.			<input type="checkbox"/> Good / <input type="checkbox"/> Damage	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6.			<input type="checkbox"/> Good / <input type="checkbox"/> Damage	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7.			<input type="checkbox"/> Good / <input type="checkbox"/> Damage	<input type="checkbox"/> Yes / <input type="checkbox"/> No

2. Condition Notes & Next Steps

(Staff Fills)

Initial Damage/Issue Identified:

.....
.....

Resolution/Follow-Up:

.....
.....

3. Client Confirmation & Release

By signing below, the Client Representative confirms:

All listed equipment was returned to The PARTY Sounds Eswatini today.

They have been made aware of the initial condition notes above.

They understand that a final operational test will be performed, and additional damage/missing items discovered may result in charges per the rental agreement.

Client Representative Signature:

Name: [Client Fills].....

Date:...../...../..... [Client Fills]

4. Staff Acceptance

Staff Member Signature:.....

Name:.....

Date:...../...../.....