

BMI-FORM-OPS-003

EQUIPMENT GATE PASSFORM

OPERATIONS DEPARTMENT

| PURPOSE OF GATEPASS: | | | | | | | |
|-----------------------|--|--|-----------------------------|-------------------------|---|--------------|--|
| GATE PASS NO.: | REPAIR DELIVE | | ONSTRATION RN | TRANSFER OTHERS | | | |
| ACCOUNT NAME | | | LOCATION | | | | |
| | | EQUIPMENT DETAILS | 5 | | | | |
| EQUIPMENT DESCRIPTION | | SERIAL NO. | INVOICE NO. | DR NO. LAST 4 DIGITS | CONDITION GOOD / DEFECTIVE | QTY | |
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| PREPARED BY | APPROVED BY | RECIEVED BY | | | DUTY ON GUARD | | |
| TREFARESST | AFFROVED BI | REGIEVED DI | TYPE OF VEHICLE: PLATE NO.: | | | | |
| | | | | | | | |
| Employee's Signati | Employee's Signature (Signature over Printed Name) | Employee's Signature (Signature over Printed Name) | | | Name of Guard (Signature over Printed Name) | | |
| DATE SIGNED: | DATE SIGNED: | DATE SIGNED: | | | | DATE SIGNED: | |