

☐**Lost**☐**Damaged/Scrap**☐**Inactivated**

Equip. SNG #: _____

Description: _____

Manufacturer: _____

Model #: _____

Part Number: _____

Serial Number: _____

Aircraft S/N: _____

Condition Report:

Submitted by (Name, Sign, Date)**Management Review**

1. For lost tools, search conducted and confirmed tools not on aircraft.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Replace tools?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Remark:

Team Lead/Supervisor/Project Manager
(Name, Sign, Date)_____
***GM/Director of Operations/Operations Manager**
(Name, Sign, Date)**Note** *: For lost tools, only GM/DOO can sign off this column.**Warehouse**

Final Disposition:

Warehouse Personnel
(Name, Sign, Date)