

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

Equip. SNG #: \_\_\_\_\_

Description: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Part Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Aircraft S/N: \_\_\_\_\_

**Condition Report:**

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**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:

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**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:

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**Warehouse Personnel**  
(Name, Sign, Date)

