

**TOOL INVENTORY**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Badge Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

The following tools will be utilized at this work location in the sterile area. I understand that I am responsible for keeping control of these tools at all times. If a tool is lost, even temporarily, I will contact 9-1-1 immediately. I also understand that no weapon of any kind may be taken into the sterile area.

<u>TOOLS</u>	<u>QUANTITY IN</u>	<u>QUANTITY OUT</u>
Wrenches		
Pliers		
Screwdrivers		
Saws		
Drills		
Hammers		
Crowbar		
Axe		
Hatchet		
Razor-type Blades		
Box Cutters		
Ice Axes/Ice Picks		
Knives		
Scissors-Metal w/Pointed Tips		
Compressed Air Guns/Tanks		
Explosive Materials or replicas of same		
Aerosol		
Fuels-Any Flammable Liquid		
Gasoline		
Gas Torches		
Lighter Fluid		
Turpentine & Paint Thinner		
Disabling Chemicals & Other Dangerous Items		

Additional Items:

\_\_\_\_\_

Signature In: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Out: \_\_\_\_\_ Date: \_\_\_\_\_