

KENT COUNTY GROUND SEARCH AND RESCUE	KCRACES #	EQUIPMENT / INVENTORY CONTROL FORM			FOR OPERATIONAL PERIOD #		DATE PREPARED:
							TIME PREPARED:

ITEM DESCRIPTION	OWNER	ISSUED TO		QTY	TIME	INITIAL	COMMENTS (SERIAL OR ITEM NUMBERS, ETC)
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(THE FOLLOWING SECTION SHOULD BE COMPLETED AFTER ALL EQUIPMENT HAS BEEN TURNED IN)

I HAVE VERIFIED THAT ALL ISSUED EQUIPMENT HAS BEEN RETURNED AND IS VISUALLY ACCOUNTED FOR. I FURTHER ATTEST THAT ALL ELECTRONIC EQUIPMENT APPEARS TO BE IN PROPER WORKING ORDER, AND THAT ALL OTHER EQUIPMENT APPEARS TO BE UNDAMAGED.

INVENTORY COORDINATOR SIGNATURE:	LOGISTICS CHIEF SIGNATURE:	GSAR FORM 535 REV 05/06
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