

# FLOWING WELLS SD #8 - ASSET CHECKOUT FORM

ASSET TAG # \_\_\_\_\_ SERIAL # \_\_\_\_\_

DESCRIPTION/COMPONENTS \_\_\_\_\_  
\_\_\_\_\_

CONDITION \_\_\_\_\_

DATE OF CHECKOUT \_\_\_\_\_ DATE TO BE RETURNED \_\_\_\_\_

PURPOSE/USE \_\_\_\_\_  
\_\_\_\_\_

CHECKED OUT BY -(SIGNATURE) \_\_\_\_\_

WHERE ASSET WILL BE LOCATED:

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURES AT:	CHECK OUT/DATE	RETURN/DATE
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SITE ADMINISTRATOR \_\_\_\_\_

IMC/Asset File Coordinator \_\_\_\_\_

Rev. MAR 2010

9-FW20040

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