

# TOOL BOX INVENTORY RECORD

CUSTODIAN'S NAME	ORGANIZATION	KIT/CRIB NUMBER
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FY:	1 <sup>ST</sup> QUARTER															2 <sup>ND</sup> QUARTER														
	OCTOBER					NOVEMBER					DECEMBER					JANUARY					FEBRUARY					MARCH				
	1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT	1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT	1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT	1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT	1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT	1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT
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**TOOL CONTROL INVENTORY RECORD  
SUPERVISOR'S 180 DAY INSPECTION DOCUMENTATION**

2 <sup>ND</sup> QUARTER INSPECTION DATE	SUPERVISORS SIGNATURE	REMARKS
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**SUPERVISOR TOOL KIT INSPECTIONS ARE TO BE COMPLETED IN THE 2<sup>ND</sup> AND 4<sup>TH</sup> QUARTERS AND SHOULD BE NO MORE THAN 180 DAYS APART.**

**LOST/OUT TOOL DOCUMENTATION**

DATE	TOOL NAME AND DRAWER/SHELF LOCATION	REASON OUT (LOST, OUT FOR CERT, ON ORDER, IN DCTK, ETC)	REPLACED	FOUND	DELETED

# TOOL BOX INVENTORY RECORD

CUSTODIAN'S NAME						ORGANIZATION						KIT/CRIB NUMBER																		
FY:	3rd QUARTER												4th QUARTER																	
DAY	APRIL			MAY			JUNE			JULY			AUGUST			SEPTEMBER														
	1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT		1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT		1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT		1 <sup>ST</sup> SHIFT		2 <sup>ND</sup> SHIFT		3 <sup>RD</sup> SHIFT							
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**INITIAL EACH BLOCK AT THE START AND END OF SHIFT/WORK**

**TOOL CONTROL INVENTORY RECORD  
SUPERVISOR'S 180 DAY INSPECTION DOCUMENTATION**

4th QUARTER INSPECTION DATE	SUPERVISOR'S SIGNATURE	REMARKS
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**LOST/OUT TOOL DOCUMENTATION**

DATE	TOOL NAME AND DRAWER/SHELF LOCATION	REASON OUT (LOST, OUT FOR CERT, ON ORDER, IN DCTK, ETC)	REPLACED	FOUND	DELETED