

Medical Equipment Asset Return Form

Document No.

MEARF-2024-001

Return Date

Department

Radiology

Returned By (Name)

Dr. Alexander Smith

Employee ID

EMP112345

Asset Tag/ID	Equipment Name	Model / Serial No.	Condition On Return	Remarks
<div>EQP-2587</div>	<div>Portable Ultrasou</div>	<div>GE Vscan / SN12</div>	<div>Good</div>	<div>No issue</div>
<div></div>	<div></div>	<div></div>	<div>Good</div>	<div></div>

Additional Comments

Any further remarks or details (optional)

Returned By (Signature & Date)

Received By (Signature & Date)

Verified By (Signature & Date)

Important Notes:

- Ensure all equipment details are filled accurately before submitting the form.
- Asset condition must be visually inspected and noted at the time of return.
- This form must be signed by the person returning, receiving, and verifying the equipment.
- Report any discrepancies or damages immediately to the Biomedical Department.
- Keep a copy of this form for future reference and audit purposes.