

Medical Equipment Asset Handover Form

A. Equipment Details

Equipment Name
Model/Type
Serial Number
Asset/Inventory No.
Condition
Accessories Supplied

B. Handover Details

Date of Handover
Location/Department
Purpose of Handover

C. Handover Parties

Handed Over By
Designation
Received By
Designation

D. Remarks/Notes

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Signature (Handed Over By)

Date

Signature (Received By)

Date

Important Notes:

- This form acts as formal proof of transfer/receipt of the listed equipment.
- Ensure serial numbers and descriptions are checked and verified by both parties.
- Both parties should retain a copy of the completed and signed form.
- Any existing damages or missing accessories must be clearly noted before signing.
- This document is part of the organization's asset management and audit records.

