

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

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.

