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| **EQUIPMENT SIGN OUT SHEET** |
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| **CLIENT INFORMATION** |  |  |  |  |  |  |  |  |  |
| Mr/Mrs: |   | Department: |   |
| First Name: |   | Last Name: |   |
| Address: |   |
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| **Employment Type** | **Employment Number** | **Purpose** | **Operator Name** | **Time In** | **Time Out**  | **Remarks** |
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| Manager: |  |  |  |  |  |  |  |  |  |
| Authorized By: |  |  |  |  |  |  |  |  |  |
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