

**OKOLONA FIRE DEPARTMENT
INVENTORY ITEM RECORD**

Asset/tag number: _____

Description:

Manufacturer: _____

Model: _____

Serial Number: _____

Personal Equipment Item (Check): Yes or No

Vendor: _____

Purchase Date (mm/dd/yy): _____

Purchase Price: \$ _____

Assigned to: Station: _____ Unit: _____

Location: _____

Who put item in service or purchased the item:

Date: _____ Signed: _____

E-mail Completed Form to Inventory Officer