CARLSON HOME / HOSPITAL SCHOOL

HOME TEACHER EQUIPMENT INVENTORY

PERMANENT RECORD - DO NOT DESTROY - USE BLACK INK OR TYPE

School/Office: **Carlson Home / Hospital School** Location Code: **1983** Room / Office: **Home Teaching - Various Locations**

Person Responsible: _____, **Teacher** Date: _____

DESCRIPTION OF EQUIPMENT	MANUFACTURER'S NAME OR MAKE	MODEL	SERIAL NUMBER	LABEL NUMBER	COMMENTS

10/08

I certify that the inventory listed is true and accurate.

Retain original Equipment Inventory. Copy due in the Carlson office at the start of the school year.

Teacher's Signature _____ Date _____

Original Equipment Inventory due in the Carlson office at the end of the school year.

Teacher's Signature _____ Date _____