

STATE UNIVERSITY OF NEW YORK
DOWNSTATE MEDICAL CENTER

DATE _____

STATUS OF EQUIPMENT ON LOAN

LOCATION UNIT

UNIT EQUIPMENT COORDINATOR

The attached Equipment Removal Form (PCS 06) was filed with the Department of Public Safety on (DATE) _____.

A month has passed since the expected date of return yet our records do not indicate the equipment was returned. Please investigate the status of the item(s), complete the lower portion of this form, and return the original to the Property Control Office (Box 82) within the next few days. Thank you.

PROPERTY CONTROL SIGNATURE

EQUIPMENT STATUS

Equipment was returned on (DATE) _____.

Equipment still on loan to (NAME) _____.

Expected date of return is (DATE) _____.

UNIT EQUIP. COORD. SIGNATURE