

## Material and Equipment Bringing-In / Taking Out Form

Name:

Unit Number:

Company (if applicable):

Name of Person in charge : (Tel : )

Description of Material/Equipment

Item	Specification	Quantity	Purpose Permanent/Temporary

Date/Time of Bring or Take Out:

Elevator use: No. Yes.

Remarks/Comments

Submitted by

Name :

Position :

Date : / /

Confirmed by : Management Office

Name :

Position :

Date : / /

Checked by

Name of Security Guard :