| EQUIPMENT INVENTORY LIST |                     |          |  | BUILDING     |           |                |             |  |  |
|--------------------------|---------------------|----------|--|--------------|-----------|----------------|-------------|--|--|
|                          |                     |          |  | FIELD OFFICE |           | DATE           | PREPARED BY |  |  |
| PM<br>GUIDE<br>NUMBER    | EQUIPMENT<br>NUMBER | LOCATION |  | •            | DESCRIPTI | ION AND REMARK | (S          |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |
|                          |                     |          |  |              |           |                |             |  |  |