Equipment authorisation form

This employee (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the necessary knowledge, training and experience to (use/maintain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the following equipment:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Name: Make: Model:

Authorising manager:

Date: Signature: