

Youth Services
Supervisor's Weekly Tool Control Report

Location: _____

Week Of: _____

The Master Tool Inventory is dated, correct, and posted inside each tool cabinet or on-site? Yes No

The Master Tool Inventory includes an identifying number for each tool? Yes No

All tools are properly marked with the identifying number as listed on the Master Inventory? Yes No

Shadow boards are appropriately in place, up-to-date and being utilized? Yes No

Tools are stored so that their presence or absence is easily determined? Yes No

Condition of Tools: Good Broken Identify: _____

Missing Tools: Yes No Identify: _____

Check-Out/Check-In Tool Control Log verifies authorized removal and return of tools? Yes No

Check-Out/Check-In Tool Control Log is completed properly and maintained on-site for review? Yes No

The Daily Tool Control Inventory verifies that all tools are present and accounted for? Yes No

The Daily Tool Control Inventory is properly completed and forwarded to the TCO for review? Yes No

Comments: _____

The signature below verifies that the Supervisor's Weekly Tool Control Inventory was conducted as scheduled and all tools listed on the Master Tool Inventory for the area identified above is present and accounted for in accordance with YS Policy No. C.2.14, "Tool Control Program".

Signature of Designee

Date

Supervisor's Signature

Date