

Youth Services Food Services Daily Tool Control Inventory

Location: _____

Week Of: _____

Check Mark Verifies That All Tools are Accounted For

Tool Classification	Description of Tool	Tool #	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		
			Date:														
		Shift:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM
Staff's Initials:																	

Condition of Tools: Good Broken Identify: _____

Missing Tools: Yes No Identify: _____

All tools are marked with an identifying number in accordance with the Master Inventory? Yes No

The check marks above verify that all tools are present and accounted for in accordance with the Master Inventory. Yes No

Comments: _____

Staff's Signature: _____ Date: _____