



EQUIPMENT CHECK-IN/CHECK-OUT FORM

To be submitted together with permit application form

Section A: Customer/Client/Vendor/etc

Company		Request Date	
Requestor Name			
Date of Installation		Time Installation	
Estimated Duration		Vehicle Number	
Work Descriptions			
Customer PIC			

Section B: Detail of the equipment.

Please mark on the applicable:	Check In <input type="checkbox"/> Check Out <input type="checkbox"/>
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Equipment No 1

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	

Equipment No 2

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	

Equipment No 3

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	



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Equipment No 4

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	

Equipment No 5

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	

Equipment No 6

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	

Equipment No 7

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	



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Equipment No 8

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	

Equipment No 9

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	

Equipment No 10

Asset Descriptions			
Asset Model		Location Installed	
Serial Number		Rack ID	
Power Consumption		Unit ID Space	
Equipment Weight		Remarks	



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Section C: Declarations

I hereby certify that the information provided is true, accurate, and complete to the best of my knowledge and belief. I understand that any deliberate misrepresentation, omission, or withholding of material information may render me liable to prosecution for fraud and/or perjury.

Signature,

Name :

Date :

Section D: Final Clarifications

This section must be signed and approved by the on-site person in charge after verification of equipment check-in or check-out. This form is only required to be completed while at the Data Centre.

Customer PIC on site (irix DC)

Signature,

Name :

Date :

Contact Number :

On-Duty irix Staff

Signature,

On-duty irix Security

Signature,

Name :

Date :

Contact Number :

Name :

Date :

Contact Number :