GEORGIA DEPARTMENT OF CORRECTIONS

PROPERTY CONTROL SECTION
EQUIPMENT ON LOAN OR REPAIR

SECTION 1

Facility: _____ Date: _____

Item Name: _____

Item Description: _____

_____

Barcode: _____ Serial #: _____

SECTION 2 **(complete one side only)**

If LOANED, complete this side:

Released By:

Name: _____

Title: _____

Facility: _____

Loaned To:

Name: _____

Title: _____

Facility: _____

For REPAIRS, complete this side:

Repair Agency:

_____

_____

_____

Released for Repair By:

Name: _____

Title: _____

Facility: _____

SECTION 3

Complete this portion when the item is returned:

Returned by:
Facility or
Repair Agency: _____

_____

Date: _____

Received by:

Name: _____

Facility: _____

Date: _____

Retention Schedule: After return of property, records shall be maintained for five (5) years, then destroyed.