



Know Your Equipment

Use this form to document key equipment, machinery and other items you will need to fulfill your critical business functions.

Updated:

Next Review Date:

Item:

Related Business Function Name(s):

Brief Description of Item:

Manufacturer:

Model No:

Serial No:

Asset Tag Number:

Quantity: Purchase/Lease Date: Purchased/Leased New or Used:

Price Paid:

Physical Location Within Facility:

Is this equipment replaceable? If so, how long to become functional? If not replaceable, what are your options?

Are there spare parts available? If so, explain.

Is vendor/manufacture installation required?

Primary Supplier/Vendor:

Alternate Supplier/Vendor:

Order Time for Replacement:

Warranty or Service Contract Info:

(Attach photos)

Notes: