

**SARASOTA MEMORIAL HEALTH CARE SYSTEM
EQUIPMENT USAGE DAILY ACTIVITY LOG (FORM R)**

DEPARTMENT NAME/LOCATION: _____ | **PAGE** _____ | **OF** _____

DIRECTOR NAME: _____ | **EXT/PAGER #:** _____

PREPARER'S NAME: _____ | **EXT/PAGER #:** _____

Date	[FEMA] [Code]	Equipment Description	Operator	Hours Used	[Cost/Hour]	[Total Cost]

Columns with bracketed headings are to be completed by Finance Officer

Director's Signature **Date**