Group Date
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|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Item Description** | **Returned?** | **Comments** |
| 1 | Supply Trailer |  |  |
| 1 | Box of Brown Ambidextrous Gloves |  |  |
| 1 | Box of Plastic Gloves |  |  |
| 1 | Box of Safety Vests |  |  |
| 2 | Box of Recycle Bags |  |  |
| 2 | Box of Trash Bags (KAB Green Bags) |  |  |
| 4 | Push Brooms |  |  |
| 6 | Shovels |  |  |
| 3 | Plastic Rake |  |  |
| 3 | Steel Rake |  |  |
| 4 | Steel Dust Pan |  |  |
| 5 | Blue Lowes Bucket |  |  |
| 15 | Litter Grabber |  |  |
| 1 | Water Cooler |  |  |
| 4 | Lopper |  |  |
| 4 | Traffic Cone |  |  |
| 3 | Rubbermaid Brute Trash Can |  |  |
| 1 | Purell Dispenser with Purell |  |  |
| 2 | Hedge Trimmers |  |  |
| 1 | First Aid Kit  |  |  |
| 16 | 16 Small Metal Rakes  |  |  |

By signing this form you agree as project coordinator that you have reviewed the supply list with Keep Akron Beautiful Staff upon it’s delivery to your project site. You also agree that you have reviewed the operating procedures for equipment.

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Project Coordinator signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Project Coordinator (print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
KAB Staff signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
KAB Staff (print name)

**In case of emergency, please call:**

**William Ford 330-338-2562**

**Johanna Barnowski 330-696-3903**