## **ASSIGNMENT OR CLEARANCE RECORD**

CUSTOMER ID	CATEGORY CODE/DESCRIPTION	AREA SF	INSTALLATION CODE	FAC NUMBER

This building includes all items of equipment that are required to make the facility useable and are affixed as a permanent part of the structure. These items include but are not limited to:

EQUIPMENT: LATRIN	E FACILITIES:
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Fire Extinguisher	Commodes/Lavatories	
Fan/Exhaust/Ventilation	Urinals	
Fountain/Drinking/Wall Type	Shower Heads	
Light Fixtures/Fluorescent	Sinks/Mop	
Thermostat	Water Heater	
Screens/Window	Venetian Blinds	

## **GENERAL CONDITION OF THE BUILDING**

	FLOOR	CEILING	WALLS	WINDOWS	DOORS	EXTERIOR
1 <sup>ST</sup> FLOOR						
2D FLOOR						
3D FLOOR						

## **KEYS**

Quantity	Serial #	Quantity	Serial #	Quantity	Serial #

## **REMARKS:**

DATE:	NAME, GRADE/TITLE OF RESP OFCR:	PHONE:	SIGNATURE
		<u>l</u>	

Real Pro	perty Office	
JBLE (Eus	tis)	