

**SALTRONIX, INC.**

Industrial Service Center

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**Equipment Check-In Form**

<b>Date:</b> _____	<b>PO #</b> _____
<b>Bill To</b>	<b>Ship To</b> <input type="checkbox"/> Billing Same as Shipping
Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____ Email: _____	Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Insure Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Shipping INS upon return: \$ _____.

**Notes:**

**Completed By:**

<b>Unit</b>	<b>Separate Pickup</b>	<input type="checkbox"/>
1. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____ <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____ Notes: _____ Accessories: _____ <input type="checkbox"/> Estimate <input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data	Date: _____/_____/18 Name: _____ Initials: _____	<input type="checkbox"/>
2. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____ <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____ Notes: _____ Accessories: _____ <input type="checkbox"/> Estimate <input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data	Date: _____/_____/18 Name: _____ Initials: _____	<input type="checkbox"/>
3. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____ <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____ Notes: _____ Accessories: _____ <input type="checkbox"/> Estimate <input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data	Date: _____/_____/18 Name: _____ Initials: _____	<input type="checkbox"/>
4. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____ <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____ Notes: _____ Accessories: _____ <input type="checkbox"/> Estimate <input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data	Date: _____/_____/18 Name: _____ Initials: _____	<input type="checkbox"/>
5. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____ <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____ Notes: _____ Accessories: _____ <input type="checkbox"/> Estimate <input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data	Date: _____/_____/18 Name: _____ Initials: _____	<input type="checkbox"/>

Total Units: \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_

Sign: \_\_\_\_\_  
Print: \_\_\_\_\_

<p>6. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>7. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>8. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>9. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>10. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>11. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>12. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>13. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>14. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>15. <b>Mfr:</b> _____ <b>Model:</b> _____ <b>SN:</b> _____  <b>2<sup>nd</sup> Unit - Model :</b> _____ <b>SN:</b> _____</p> <p>Notes: _____  Accessories: _____</p> <p><input type="checkbox"/> Estimate    <input type="checkbox"/> Repair    <input type="checkbox"/> Calibration (No Paperwork)    <input type="checkbox"/> Certification    <input type="checkbox"/> Data</p>	<p>Date: _____/_____/18  Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>