Ullilat	1314	10013)
	/Day ::	May OF

Issue Centre Identity:	

Sheet No:

Tool Kit Issue/Tool Check/Return Log

*Delete	as	applicable

*Aircraft Ser No./*Toolkit Ser No./*Remote Location/*Off-Aircraft_____* Issue/Tool Check Return G** C Ε В D K M Α Tally No. Description **Printed Name Printed Name Printed Name Date** Indicate: Remarks **Printed Name** Date Indicate: Remarks n (Toolkit No.) and **Initial Issue** and Signature and Signature and Return or and Signature and Signature е or Tool Check **Tool Check** Time Time 3 4 5 6 8

Note: For further guidance on tool control procedures, refer to MAM-P Chapter 4.13.1

^{**}Only used if required by single Service policy.

	Issue/Tool Check						Return					
	Α	В	С	D	E	F	G**	Н	J	K	L	М
i n e	Date and Time	Indicate: Initial Issue or Tool Check	Tally No.	Description (Toolkit No.)	Remarks	Printed Name and Signature	Printed Name and Signature	Date and Time	Indicate: Return or Tool Check	Remarks	Printed Name and Signature	Printed Name and Signature
9												
10												
11												
12												
13												
14												
15												
16												
17												

^{**}Only used if required by single Service policy.