

NHICS FORM 257 | RESOURCE ACCOUNTING RECORD

1. FACILITY NAME:				2. SECTION:			
3. DATE PREPARED:				4. TIME PREPARED:			
				5. OPERATIONAL PERIOD:			
6. RESOURCE RECORD							
TIME	ITEM/FACILITY TRACKING ID#	CONDITION	RECEIVED FROM	DISPENSED TO	RETURNED (DATE/TIME)	CONDITION (OR INDICATED IF NON-RECOVERABLE)	INITIALS
7. CERTIFYING OFFICER:							