



TECHNICAL IMPLEMENTS REPORT FOR EVENT SITE

Event Number:
Event Time:
Event Name:
Event Location:

Total # Implements:

POOL IMPLEMENTS

Total					

PERSONAL IMPLEMENTS

Nom Weight	Implement #	Model	Type	Colour	Surname

FAILED PERSONAL IMPLEMENTS

Nom Weight	Implement #	Model	Type	Colour	Surname

Time received at site _____ Chief Received _____
Time removed from site _____ Tech Sign back _____