**SUPPORT TECHNICIAN UNIFORM ISSUE/RETURN FORM**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D.:\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QTY** | **DESCRIPTION** | **SIZE** | **ISSUED** | **RETURNED** |
| 1 | FR Pant |  |  |  |
| 1 | 511 Shorts |  |  |  |
| 1 | SS Dress Shirt - Blue |  |  |  |
| 2 | T-Shirt |  |  |  |
| 1 | Job Shirt |  |  |  |
| 1 | 511 All Weather Coat/W Patches |  |  |  |
| 1 | Name Plate |  |  |  |
| 1 | Helmet Number-7570000 |  |  |  |
| 1 | Pair Rubber Boots |  |  |  |
| 1 | Work Gloves |  |  |  |
| 1 | Pair Safety Glasses |  |  |  |
| 1 | Hearing Protection |  |  |  |
| 3 | Icons |  |  |  |
| 1 | Identification Cards |  |  |  |

The garments and protective gear provided are property of the City of Virginia Beach Fire Department and shall only be worn during events or activities supported by this department. Personnel using City issued uniforms and protective gear shall comply with all VBFD Standard Operating Procedure (SOP) 1.03 Uniform Standards. Unauthorized use of City issued uniforms and protective gear is strictly prohibited.

Upon departure from the City of Virginia Beach Fire Department, all uniforms and protective gear shall be returned directly to Resource Management by the individual to whom the items were issued. At no time are these items to be returned to any individual or division other than Resource Management. I acknowledge and take responsibility of the quantities and sizes of the items listed. I have received, read, and acknowledge a copy of, and will comply with the Support Technician Uniform/Gear Issue & Return Requirements.

**Equipment Issued**

**Employee Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resource Mgmt:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Returned**

**Employee Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resource Mgmt:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_