



St. Clair Twp.
New Miami
Life Squad

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Title: **Form, Patient Personal Property**

Date: _____/_____/_____ Run Number: _____

Patient Name: _____

Inventory of Patient Personal Property
(Be specific, include any damage visible)

Inventory By: _____

Witness: _____

Personal Property Transferred to:

Name: _____

Signature: _____

Relationship to Patient: _____

Witness: _____