MCRM Storage Building Information Sheet

Racking Storage Location:
Name of Department item(s) received from:
Name and Phone # of Person who placed item(s) in Storage Building:
Date material stored:
Weight of item(s):
Description of item(s) stored (if appicable, name and # of engine/car):
Space remaining in Pallet Load (Please circle applicable percentage): None 20% 40%
60% 80%
Storage Building Manager approval (sign and date):