ALOHA KIT INVENTORY CHECK OUT LIST

ISC HONOLULU ALOHA KIT FORM HSG-#001 , (REV 11/07) U. S. COAST GUARD

NAME (Last, First, MI):	RANK/RATE:	EMPLID:
DUTY STATION:	WORK PHONE:	HOME PHONE:

ADDRESS (Street, City, State, Zip Code): 5044 KALANIANAOLE HWY UNIT_____ HONOLULU HI 96821

QTY ISSUE	QTY RETURN	
[___]	[___]	– AIR BED (QUEEN)
[___]	[___]	- AIR BED (DOUBLE)
[___]	[___]	- BOTTLE OPENER/ CAN PIERCER
[___]	[___]	– BOWL SCAPER (3)
[___]	[___]	– CAN OPENER
[___]	[___]	- CASSEROLE DISH (GLASS)
[___]	[___]	– 5” CEREAL BOWL (4)
[___]	[___]	- COASTER SET (2 HOT PAD)
[___]	[___]	- COFFEE MAKER (12 CUP)
[___]	[___]	- COFFEE MUGS (4)
[___]	[___]	- COLANDER (PLASTIC)
[___]	[___]	- COOKWARE (7 PIECE NON STICK)
[___]	[___]	- CUTLERY TRAY (PLASTIC)
[___]	[___]	- CUTTING BOARD (WHITE)
[___]	[___]	–DBL FUTON FRAME
[___]	[___]	–DBL FUTON MATTRESS
[___]	[___]	- DRYER
[___]	[___]	– 8” DINNER PLATE (4)
[___]	[___]	– END TABLE (4)
[___]	[___]	–FOLDING CHAIRS, METAL (6)
[___]	[___]	–FOLDING CHAIRS, CLOTH (2)
[___]	[___]	–FOLDING TABLE (1)

QTY ISSUE	QTY RETURN	
[___]	[___]	– FLATWARE – STAINLESS K/F/S (4 sets)
[___]	[___]	– GLASSWARE BEVERAGE (4 sets)
[___]	[___]	– HOT PAD/ POT HOLDER
[___]	[___]	– IRON BOARD / IRON
[___]	[___]	– KITCHEN TOTE BOX (PLASTIC)
[___]	[___]	– KITCHEN TOWELS SET (2)
[___]	[___]	- KNIFE SET (3)
[___]	[___]	– MEASURING CUP AND SPOONS (11 PIECE)
[___]	[___]	– MICROWAVE
[___]	[___]	– MIXING BOWL SET (3)
[___]	[___]	– 6 PIECE UTENSIL SET (NYLON)
[___]	[___]	– PITCHER (PLASTIC)
[___]	[___]	– 5” SALAD PLATE (4)
[___]	[___]	– SALT AND PEPPER SHAKERS
[___]	[___]	– TELEVISION
[___]	[___]	– TOASTER (1)
[___]	[___]	– VEGETABLE PEELER
[___]	[___]	– WASHING MACHINE

RETURN DATE _____

MEMBERS SIG _____

HOUSING REP SIG _____

MEMBER’S CERTIFICATION

This is to certify that I have been issued an Aloha supplemental Kit for temporary use not to exceed 30 days from date of issue. I understand that I am responsible for its contents and that I must return the Aloha Kit in a clean and good condition, and I am fully aware and responsible for replacing any lost or damaged items prior to returning the Aloha Kit.

_____ / _____
Member’s Signature Date

_____ / _____
Housing Signature Date

HOW WOULD YOU RATE YOUR OVERALL SATISFACTION WITH THE ALOHA KIT? 1 2 3 4 5 (CIRCLE ONE)
(UNSATISFIED TO SATISFIED)

WOULD YOU MAKE ANY CHANGES OR ADD ANY ADDITIONAL ITEMS TO THE ALOHA KITS?

_____
_____
_____
_____
_____
_____
_____