

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER		
Facilities Management		
POLICY AND PROCEDURES		
SUBJECT:	TOOL CONTROL	Policy No.: 203
Reviewed:	March 2018	Page 1 of: 4
	Supersedes: April 2010	

POLICY:

Shop supervisors shall be responsible for the purchase and replacement of tools and equipment. Each Shop is responsible for maintaining and storage of all equipment. A complete inventory of all tools and equipment will be maintained by the supervisor.

PROCEDURE:

Tool Checkout: Tools can be checked out by Facilities Management personnel or supervisor.

Lost or stolen tools:

When a tool or piece of equipment is lost or stolen, a Lost Tool Report must be submitted to the immediate supervisor. Tools assigned to personnel will not be reissued until a Lost Tool Report has been filed. Lost or stolen tools must have a Police report filed. The employee will be responsible for the replacement of the tool, if it is determined that the loss was a result of negligence on the part of the employee.

Tool use and safety instructions:

The supervisor will be responsible for conducting and/or arranging in-service classes for shops on various equipment e.g. Hilti equipment, coring machines, etc.

Fuel

Equipment requiring gasoline or propane will have a container issued at time of checkout. If additional fuel is required, return empty container to your supervisor and additional fuel will be issued.

General

If there is a particular piece of equipment that needs to be purchased, the requesting shop supervisor will submit a GHX, all pertinent information, i.e. model, size, accessories etc. including a quote/estimate.

Broken Equipment

Supervisors are to ensure that all tools issued to staff are in proper Working condition.

Inventory

A tool inventory is to be kept on file in each Supervisor’s office within Facilities Management.

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER			
Facilities Management			
POLICY AND PROCEDURES			
SUBJECT:	TOOL CONTROL		Policy No.: 203
Revised:	March 2018	Supersedes: April, 2010	Page 2 of: 4

SECURITY:

All supervisors are responsible for the security of tools assigned to their shop.

Procedure

1. Supervisors shall establish a Control Card System, to properly identify and maintain all equipment within the jurisdiction of the Facilities Management Department.
2. Supervisors shall submit shop equipment listings to the F.M. office for inspection, when required, by the Director or Assistant Director.
3. Approved F.M. equipment Control Cards shall contain the following data;
 - A. County Number
 - B. Serial Number
 - C. Location
 - D. Procurement Date
 - E. Facility Requirement
 - F. Maintenance Record
 - G. Original Purchase Cost
 - H. Rental Cost – if rented
 - I. Life Span and Description
4. Each shop supervisor shall establish lockable tool storage areas within the shop, wherein shop tools and equipment may be secured when not in use. Wherever feasible, such equipment shall have a specific storage area or compartment, thus providing quick notation of missing tools or equipment.
5. Each shop supervisor shall establish a shop tool check system. Employees shall be required to sign out for tools and equipment before removing same from storage area. Check-Out System shall **identify the employee and the tool or article.**

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER		
Facilities Management		
POLICY AND PROCEDURES		
SUBJECT:	TOOL CONTROL	Policy No.: 203
Revised:	March 2018	Supersedes: April, 2010 Page 3 of: 4

6. Hand tools or equipment damaged beyond repair shall be sent to salvage.
7. Shop supervisors shall conduct and record semi-annual physical inventories of office equipment, tools and maintenance equipment issued to their areas.
8. Shop supervisors shall, on discovery of tool, equipment or material losses, promptly report same to the F.M. office. Theft or missing equipment reports shall contain the following information:
 - a. What was taken, the amount and the approximate value:
 - b. The area from which each item was taken.
 - c. Date and approximate time of disappearance.
 - d. names of persons with access and/or keys to the area of the time of disappearance.
 - e. Signature of person reporting the loss.
9. Shop supervisor shall maintain records on all supplies ordered within their area of jurisdiction.
10. Employees receiving supply orders delivered to the shop areas shall compare items and quantities received against the packing slip sent with the delivery, before accepting delivery.
11. Shop material deliveries shall be accepted by authorized persons only. Authorized persons shall be so designated by the shop supervisor.

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER		
Facilities Management		
POLICY AND PROCEDURES		
SUBJECT:	TOOL CONTROL	Policy No.: 203
Reviewed:	April, 2010	Page 4 of: 4

12. Shop material deliveries shall be approved by the shop supervisor. If the order is satisfactory, the packing slip shall be signed by the shop supervisor.
13. The F.M. Director or designee shall periodically audit shop inventory records.
14. Shop supply rooms shall, where feasible, be located adjacent to shop areas and near supervisor's office.
15. Equipment and supplies shall not be removed from storage areas without the approval of the shop supervisor.
16. Shop supply areas shall be accessible to authorized persons only.

AD:gg

Rancho Los Amigos National Rehabilitation Center

Facilities Management Department

Missing/Broken Tool Report

Note: In order for the issuance of replacement tools, this missing/broken tool report must be filled out completely and turned in to your Supervisor. Tools will not be replaced without the Missing Tool Report.

Today's Date _____

Employee Name: _____ Emp. # _____

Description of missing/broken item: _____

County item: () Yes () No Tool missing () Broken ()

Tool assigned to: _____ Emp. # _____

Location where item(s) last used: _____

Date loss discovered: _____ Time of day loss discovered: _____

Explain circumstances of loss; _____

Was L.A. County Department of Public Safety notified? () Yes () No

If no, explain: _____

What security measures were taken and what measures will you take in the future to prevent this from happening again: _____

To the best of my knowledge, this information on this report is true.

Employee signature

Supervisor's signature

**Rancho Los Amigos National Rehabilitation Medical Center
Facilities Management**

Tool Check-Out Sheet

Name: _____ **Date:** _____

Employee Number: _____ **Time:** _____

Quantity _____ **Item** _____ **Returned** _____
(Intl. & Date)

Quantity _____ **Item** _____ **Returned** _____
(Intl. & Date)

Quantity _____ **Item** _____ **Returned** _____
(Intl. & Date)

Quantity _____ **Item** _____ **Returned** _____
(Intl. & Date)

Quantity _____ **Item** _____ **Returned** _____
(Intl. & Date)

Quantity _____ **Item** _____ **Returned** _____
(Intl. & Date)

Quantity _____ **Item** _____ **Returned** _____
(Intl. & Date)

Quantity _____ **Item** _____ **Returned** _____
(Intl. & Date)

Comment: _____
