

Blank Electrical Equipment Maintenance Report

Date

Report No.

Location

Equipment Details

Equipment Name

Equipment ID/No.

Manufacturer

Year of Manufacture

Description of Maintenance Performed

Inspection and Testing

Item Checked	Status	Comments
<input type="text" value="e.g. Wiring, Switches"/>	<input type="text" value="OK/Not OK"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks

Maintenance Performed By

Name & Signature

Reviewed By

Name & Signature

Date