

Facility Maintenance Checklist Report

Facility Name: _____

Date: _____

Prepared By: _____

Checklist

Item / Area	Inspected	Comments	Action Needed	Completed
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

General Comments:

Signature: _____

Date: _____