

# Daily Equipment Maintenance Checklist

Date

Equipment Name / ID

Location

Inspected By

Item	Check / Task	OK	Not OK
1	Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
2	Lubrication	<input type="checkbox"/>	<input type="checkbox"/>
3	Electrical connections	<input type="checkbox"/>	<input type="checkbox"/>
4	Safety guards	<input type="checkbox"/>	<input type="checkbox"/>
5	Fluid levels	<input type="checkbox"/>	<input type="checkbox"/>
6	Leaks / Damage	<input type="checkbox"/>	<input type="checkbox"/>
7	Operation check	<input type="checkbox"/>	<input type="checkbox"/>

Remarks / Issues Identified

Action Taken

Inspected By (Name & Signature)

Supervisor (Name & Signature)