

Electrical Equipment Maintenance Checklist

Location: _____ Date: _____

Inspected by: _____ Equipment ID: _____

Checklist

Item	Details	OK	N/A	Action Needed
Visual inspection	No physical damage, cracks, or wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cables and wiring	No fraying, exposure, or loose connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switch operation	Proper ON/OFF and emergency switch function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounding	Ground connections secure and intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeling	Warning labels and nameplates visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Dust, debris, and corrosion removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	Cooling fans/vents unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test operation	Equipment powers up and runs as expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Actions Taken

Enter notes here...