

Equipment Safety Maintenance Checklist Form

Equipment Name

Equipment ID/Serial Number

Location

Date of Inspection

Inspected By

Check Item	Pass	Fail	N/A	Comments
Describe check item...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Describe check item...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Describe check item...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Describe check item...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Describe check item...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Overall Comments

Inspector Signature

Date