

# Equipment Safety Maintenance Checklist Form

Equipment Name

Equipment ID/Serial Number

Location

Date of Inspection

Inspected By

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

Overall Comments

Inspector Signature

Date