# Equipment Servicing Checklist

Equipment Name

Equipment ID

Location

Date of Service

Serviced By

## Checklist

| Item | Check | Comments |
|------|-------|----------|
| Visual Inspection | ☐ | |
| Lubrication | ☐ | |
| Electrical Connections | ☐ | |
| Safety Devices Function | ☐ | |
| Cleaning | ☐ | |
| Operational Test | ☐ | |
| Other (Specify) | ☐ | |

## Additional Notes

## Signature

Technician

Date