

Routine Machinery Maintenance Checklist Form

Date:

Machine Name / ID:

Location:

No.	Checklist Item	Checked	Remarks
1	Visual Inspection	<input type="checkbox"/>	<input type="text"/>
2	Lubrication	<input type="checkbox"/>	<input type="text"/>
3	Belt/Chain Tension	<input type="checkbox"/>	<input type="text"/>
4	Cleanliness	<input type="checkbox"/>	<input type="text"/>
5	Electrical Connections	<input type="checkbox"/>	<input type="text"/>
6	Safety Devices	<input type="checkbox"/>	<input type="text"/>
7	Unusual Noise/Vibration	<input type="checkbox"/>	<input type="text"/>

Additional Remarks:

Maintenance Staff Signature

Supervisor Signature

