

Equipment Maintenance Audit Checklist

Date:

Auditor: Name

Equipment Name: e.g. Air Compressor

Serial/ID: Serial No./ID

Location:

 Location

Maintenance Checklist

Inspection Point	Yes	No	Comments/Notes
Cleanliness of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Comment
Lubrication is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Comment
Electrical connections secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Comment
Guards and safety devices in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Comment
No unusual noise/vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Comment
Emergency stop functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Comment
Scheduled maintenance up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Comment

Audit Observations / Recommendations

Record any observations, issues found, and recommendations...

Auditor Signature

 Signature / Name

Date: