

Equipment Maintenance Inspection Checklist

Equipment Name

Equipment ID/Serial No.

Location

Inspected By

Date

No.	Inspection Item	Condition	Comments / Actions Needed	Initials
1		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace		
2		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace		
3		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace		
4		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace		
5		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace		

Additional Notes / Recommendations

Inspector Signature