

# Equipment Maintenance Inspection Checklist

Equipment Name

Equipment ID/Serial No.

Location

Inspected By

Date

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

Additional Notes / Recommendations

Inspector Signature