

Equipment Preventive Care Checklist

Equipment Name

Serial/Asset Number

Location

Responsible Person

Date

Preventive Maintenance Tasks

No.	Task Description	Frequency	Completed	Comments/Notes
1	<input type="text"/> E.g., Inspect cables	<input type="text"/> E.g., Monthly	<input type="text"/> Yes/No	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>