

# 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" value="E.g., Inspect cables"/>	<input type="text" value="E.g., Monthly"/>	<input type="text" value="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"/>