

# Monthly Equipment Maintenance Checklist

Department: \_\_\_\_\_

Month / Year: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

No.	Equipment Name / ID	Maintenance Task	Date	Initials	Comments
1					
2					
3					
4					
5					

Additional Notes: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_