

# Preventive Maintenance Schedule Form for Equipment

Equipment Name

Equipment ID/No.

Location

Manufacturer

Model

Serial Number

PM Frequency  Select

Next Scheduled Date

Prepared By

No.	Task/Inspection Description	Schedule (Date/Frequency)	Status	Remarks	Technician Initial
1					
2					
3					
4					
5					

Comments/Notes

Date Completed

Technician Name & Signature

Supervisor/Manager Name & Signature

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