

Equipment Status Checklist

Date: _____

Location: _____

Checked by: _____

#	Equipment Name	Serial/ID	Status	Comments
1	E.g. Generator	ID/Serial No.	<input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	Add comments
2			<input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	
3			<input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	
4			<input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	
5			<input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	

Additional Notes:

Enter any additional observations or comments