

Equipment Status Checklist

Date:

Location:

Checked by:

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

Additional Notes: