

Routine Equipment Monitoring Checklist

Location:

Equipment Name/ID:

Date:

Inspected By:

No.	Check Item	Status (OK/Not OK)	Findings/Comments	Checked By
1		<input type="text"/>		
2		<input type="text"/>		
3		<input type="text"/>		
4		<input type="text"/>		
5		<input type="text"/>		

General Remarks:

Inspector Signature:

Supervisor Signature: