

# Daily Equipment Condition Assessment Form

Equipment Name / Type

Location

Date

Inspected By

Item	Condition	Remarks
Visual Inspection	<div>Select</div>	<div></div>
Controls/Panel	<div>Select</div>	<div></div>
Lubrication	<div>Select</div>	<div></div>
Power Supply	<div>Select</div>	<div></div>
Safety Devices	<div>Select</div>	<div></div>
Other	<div>Select</div>	<div></div>

General Remarks / Action Taken

Inspector's Signature

Time

