

# Daily Equipment Condition Assessment Form

Equipment Name / Type

Location

Date

Inspected By

Item	Condition	Remarks
Visual Inspection	Select <input type="button" value="▼"/>	<input type="text"/>
Controls/Panel	Select <input type="button" value="▼"/>	<input type="text"/>
Lubrication	Select <input type="button" value="▼"/>	<input type="text"/>
Power Supply	Select <input type="button" value="▼"/>	<input type="text"/>
Safety Devices	Select <input type="button" value="▼"/>	<input type="text"/>
Other	Select <input type="button" value="▼"/>	<input type="text"/>

General Remarks / Action Taken

Inspector's Signature

Time

