

Electrical Equipment Service Checklist

Equipment Name:

Serial/ID No.:

Service Date:

Serviced By:

Inspection Checklist

Item	Check	Comments
Visual Inspection (damage, corrosion, wear)	<input type="checkbox"/>	<input type="text"/>
Power Cord & Plug Condition	<input type="checkbox"/>	<input type="text"/>
Electrical Connections Secure	<input type="checkbox"/>	<input type="text"/>
Operation Test (On/Off, Functionality)	<input type="checkbox"/>	<input type="text"/>
Insulation Resistance Check	<input type="checkbox"/>	<input type="text"/>
Grounding System Check	<input type="checkbox"/>	<input type="text"/>
Cleaning Carried Out	<input type="checkbox"/>	<input type="text"/>
Labels & Safety Signs Present	<input type="checkbox"/>	<input type="text"/>

Additional Notes / Recommendations:

Signature:

Date: