

Facility Maintenance Checklist for Assets

Date: _____

Location: _____

Asset Information

| Asset Name | Asset ID / Serial No. | Location | Last Maintenance Date |
|------------|-----------------------|----------|-----------------------|
| | | | |

Maintenance Checklist

| Check Item | Status (OK / Needs Attention) | Comments |
|-----------------------------|----------------------------------|----------|
| Visual Inspection | | |
| Cleanliness | | |
| Operational Test | | |
| Lubrication (if applicable) | | |
| Physical Damage | | |
| Electrical Connections | | |
| Safety Devices/Guards | | |
| Other (specify): | | |

Actions Required / Notes

| Description of Issue / Action | Assigned To | Target Date | Status |
|-------------------------------|-------------|-------------|--------|
| | | | |
| | | | |

Checked by: _____

Date: _____

Supervisor: _____