

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: _____