

Routine Equipment Inspection Checklist

GENERAL INFORMATION

Equipment Name	<input type="text"/>	ID / Serial No.	<input type="text"/>
Location	<input type="text"/>	Inspection Date	<input type="text"/>
Inspected By	<input type="text"/>		

INSPECTION ITEMS

#	Item	Status	Remarks
1	<input type="text" value="E.g., Visual inspection for damage"/>	<input type="text" value="OK / Not OK"/>	<input type="text"/>
2	<input type="text" value="E.g., Check power supply"/>	<input type="text" value="OK / Not OK"/>	<input type="text"/>
3	<input type="text" value="E.g., Test controls"/>	<input type="text" value="OK / Not OK"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSPECTOR'S COMMENTS