**[Short Client Name]**

**Equipment Maintenance Record** Rev. [Rev Number]

Use one sheet for each month.

|  |  |
| --- | --- |
| **Machine:****Manufacturer:****Serial Number:** | **MONTH:** |
| **YEAR:** |

**OPERATOR MAINTENANCE** *(sign off not required)*

|  |  |  |  |
| --- | --- | --- | --- |
| MAINTENANCE OPERATION | **DAILY** | **AS NEEDED** | PRIOR TO USE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **WEEKLY MAINTENANCE** *(sign off)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **WEEK ENDING** | **INITIAL WHEN DONE** |
|  |  |  |
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|  |  |  |
| --- | --- | --- |
| **MONTHLY MAINTENANCE** *(sign off)* | **DATE COMPLETED** | **INITIAL WHEN DONE** |
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|  |  |  |
|  |  |  |
|  |  |  |

**OTHER MAINTENANCE** *(sign off)*

|  |  |  |  |
| --- | --- | --- | --- |
| MAINTENANCE OPERATION | **FREQUENCY** | **DATE DONE** | **INITIALS** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**NOTES:**