## **Name of Company**

## **Equipment Maintenance Log**

Date	Maintenance Required	Assigned Staff Member	ff Target Completion Date		Comments		Cor Initi	Completion Initials/Date	
Onsite verification completed by:		Date:	Date:		Deviations/comments:				
ecord verification completed by:		Date:	Date:		Deviations/comments:				
ipment Program: Ed	quipment Maintenance	Log						Page 1 of	
ue Date:									
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norized by:					Date authorize	d:			