

NAME OF ORGANIZATION

Equipment Maintenance Log

Date	Maintenance Required	Assigned Staff Member	Target Completion Date	Comments	Completion Initials/Date

Onsite verification completed by:	Date:	Deviations/comments:
Record verification completed by:	Date:	Deviations/comments:

Equipment Program: Equipment Maintenance Log
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Issue Date: _____

Developed by: _____

Authorized by: _____

Date last revised:

Date authorized: