**LIFE SAVING APPLIANCES PLANNED MAINTENANCE SYSTEM**

**PLANNED MAINTENANCE MONTHLY REPORT**

M.V. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REPORT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (consists of year & month e.g. 9301 for Jan. 93)

V = Items have been maintained and found in good condition. X = Items have been maintained but some deficiencies found.

Enter V or X as appropriate to indicate Life Saving Appliance maintenance completed as per Planned Maintenance Record Chart.

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| Week 1 |  |  | Week 2 |  |  | Week 3 |  |  | Week 4 |  |  | Week 5 |  |  | Month |  |  | Quarter |  |  | Half Year |  |  | Annual |  |

All items identified for maintenance this month in the weekly/monthly/quarterly/half yearly/annual\* Life Saving Appliances Planned Maintenance Record Chart have been maintained and found in satisfactory working condition except for the following items : (\* delete as applicable)

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| CODE | ITEM | DETAILS OF DEFICIENCY | ACTION TAKEN | DATE CORRECTED | INITIAL  / RANK |
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**Note 1:** Requisitions required to correct the above deficiencies are to be attached to this form.  **Note 2:** This form to be resubmitted as outstanding items are corrected.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Engineer Safety Officer Master Date

**LIFE SAVING APPLIANCES PLANNED MAINTENANCE SYSTEM**

**PLANNED MAINTENANCE MONTHLY REPORT**

**(Continuation Sheet)**

M.V. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REPORT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| CODE | ITEM | DETAILS OF DEFICIENCY | ACTION TAKEN | DATE CORRECTED | INITIAL  / RANK |
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**Note 1:** Requisitions required to correct the above deficiencies are to be attached to this form.  **Note 2:** This form to be resubmitted as outstanding items are corrected.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Engineer Safety Officer Master Date