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ANNUAL PREVENTIVE MAINTENANCE PLAN FOR ICT EQUIPMENT

Year _____

Name of Office/College/School/Unit: _____

Campus: _____

No.	Equipment Type/Name	Areas to be Maintained / Checked	Schedule												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1		Hardware	Plan												
		Software	Implemented												

Prepared by:

SDMD Deputy Director/Authorized Representative
(Signature Over Printed Name)
 Date: _____

Approved by:

SDMD Director
(Signature Over Printed Name)
 Date: _____