

Equipment Inspection Report

GENERAL INFORMATION

Report No.	_____	Date	_____
Inspector Name	_____	Department	_____
Equipment Name	_____	Equipment ID / Serial No.	_____
Location	_____		

INSPECTION CHECKLIST

Inspection Item	Pass	Fail	Remarks
Physical Condition	⦿	⦿	
Controls/Displays Functional	⦿	⦿	
Power Supply/Connections	⦿	⦿	
Safety Guards/Enclosures	⦿	⦿	
Warning Labels/Signage	⦿	⦿	
Calibration (if applicable)	⦿	⦿	
Other (Specify)	⦿	⦿	

OBSERVATIONS & RECOMMENDATIONS

Inspector Signature & Date

Supervisor Signature & Date

IMPORTANT NOTES

- All equipment inspections must be conducted by authorized personnel only.
- Any failed inspection item requires immediate corrective action or removal from service.
- Document all observations and recommendations clearly and accurately.
- Maintain this report as part of equipment maintenance records.
- Report any hazards or safety concerns to supervisors immediately.

