

Preventive Maintenance Report

General Information

Report Date	_____	Report No.	_____
Equipment Name	_____	Asset/Serial No.	_____
Location	_____	Department	_____

Maintenance Details

Date of Maintenance	_____	Time	_____
Maintenance Type	Preventive		
Performed By	_____		
Supervisor/Verified By	_____		

Checklist / Tasks Performed

Task Description	Status	Remarks
1. Visual Inspection	~ Done ~ N/A	_____
2. Lubrication	~ Done ~ N/A	_____
3. Cleaning	~ Done ~ N/A	_____
4. Replace Worn Parts	~ Done ~ N/A	_____
5. Functional Testing	~ Done ~ N/A	_____
Other:		

Comments / Observations

Technician's Signature

Supervisor's Signature

Important Notes

- Always ensure all preventive maintenance tasks are thoroughly performed and documented.
- All unusual findings or corrective actions required should be clearly mentioned in the comments section.
- Report must be signed by both technician and supervisor for verification.
- Attach additional pages or records if more space is needed.
- Retain this report as an official maintenance record.