

Physical Asset Inspection Report

Report Details

Date of Inspection:	_____	Report Number:	_____
Inspector Name:	_____	Department:	_____
Location:	_____		

Asset Details

Asset Name	_____	Asset ID / Serial Number	_____
Category	_____	Manufacturer	_____
Purchase Date	_____	Warranty Status	_____

Inspection Checklist

Item	Status	Comments
Physical Condition	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	_____
Operational Status	<input type="radio"/> Functional <input type="radio"/> Not Functional	_____
Maintenance Required	<input type="radio"/> Yes <input type="radio"/> No	_____
Safety Compliance	<input type="radio"/> Compliant <input type="radio"/> Non-compliant	_____
Accessories Present	<input type="radio"/> Yes <input type="radio"/> No	_____

Observations & Recommendations

Signatures

Inspector Signature	Date	Supervisor Signature	Date
_____	_____	_____	_____

Important Notes:

- This report must be completed during or immediately after the inspection.
- All findings should be factual, clear, and supported by evidence where possible.
- Ensure that all fields are filled accurately before submission.
- Retain a copy for audit and compliance purposes.
- Follow up on any recommendations or required actions promptly.