

Laboratory Equipment Inspection Checklist

Laboratory Name: _____

Inspection Date: _____

Inspected By: _____

Equipment Checklist

No.	Equipment	Condition	Comments
1		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace	
2		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace	
3		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace	
4		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace	
5		<input type="checkbox"/> Good <input type="checkbox"/> Needs Repair <input type="checkbox"/> Replace	

Remarks

Inspector's Signature _____

Date _____