

Laboratory Equipment Startup Report

General Information

Date:

Equipment Name:

Serial Number:

Location:

Performed By:

Supervisor:

Startup Procedure

Step	Description	Status	Comments
1			
2			
3			

Initial Observations

Verifications & Checks

Check	Status	Details

Issues Found

Corrective Actions Taken

Final Remarks

Startup Time:

Completion Time:

Signature: