

Manufacturing Equipment Handover Checklist

Equipment Name:

Equipment ID / Serial No.:

Location:

Handover Date:

Department:

Checklist Items

No.	Checklist Item	Checked	Comments
1	Visual Inspection		
2	Operational Test		
3	Cleaning Performed		
4	Spare Parts Provided		
5	Documentation Supplied (Manuals, Certificates, etc.)		
6	Training Given		
7	Accessories Handed Over		
8	Outstanding Issues		

Additional Notes

Signatures

Handed Over By:

Date:

Received By:

Date:
