

Poultry House Ventilation System Maintenance Sheet

House Name/No:

Date:

Technician Name:

System Components Inspection

| Component | Checked | Condition/Details | Action Needed |
|-------------------------|---------|-------------------|---------------|
| Fans | | | |
| Inlets | | | |
| Cooling Pads | | | |
| Thermostats/Controllers | | | |
| Belts/Drive Mechanisms | | | |
| Air Intakes/Exhausts | | | |
| Electrical Connections | | | |

General Observations & Comments

Technician Signature

Supervisor Signature