

Auxiliary Equipment Maintenance Checklist

Date:

Checked by:

Equipment Name:

Equipment ID:

Location:

Checklist

Item	Check	Remarks
Visual Inspection	<input type="checkbox"/>	<div></div>
Lubrication	<input type="checkbox"/>	<div></div>
Electrical Connections	<input type="checkbox"/>	<div></div>
Leaks (Oil/Water)	<input type="checkbox"/>	<div></div>
Noise/Vibration	<input type="checkbox"/>	<div></div>
Temperature	<input type="checkbox"/>	<div></div>
Pressure	<input type="checkbox"/>	<div></div>
Other Observations	<input type="checkbox"/>	<div></div>

Comments/Actions Taken

Supervisor Signature:

Date: