

Field Service Technician Mobile Device Safety Compliance Log

Date

Technician Name

Location

Device Type

Device Serial #

Work Order #

Safety Compliance Check	Compliant (Yes/No)	Comments
Protective case undamaged/secured	<input type="text"/>	<input type="text"/>
Screen intact/no cracks	<input type="text"/>	<input type="text"/>
No exposed wiring or loose components	<input type="text"/>	<input type="text"/>
Battery secure and not damaged	<input type="text"/>	<input type="text"/>
Device sanitized/cleaned	<input type="text"/>	<input type="text"/>
Device functionality verified	<input type="text"/>	<input type="text"/>

Additional Notes

Technician Signature

Review Date