

Office Equipment Pre-Delivery Inspection Checklist

Date:

Inspected By:

Equipment Name/Model:

Serial No.:

Inspection Items

No.	Item	Check	Comments
1	Physical condition (no visible damage)	<input type="checkbox"/>	
2	All components/accessories received	<input type="checkbox"/>	
3	Powering on/off function	<input type="checkbox"/>	
4	Display/screens/lights working	<input type="checkbox"/>	
5	Operational functionality	<input type="checkbox"/>	
6	Cables/power supplies included	<input type="checkbox"/>	
7	Documentation/manuals received	<input type="checkbox"/>	
8	Accessories/consumables included	<input type="checkbox"/>	
9	Safety/Compliance labels present	<input type="checkbox"/>	
10	Other (specify below)	<input type="checkbox"/>	

Remarks

Inspector's Signature:

Date: