

Medical Equipment Field Service Visit Checklist

Equipment Name

Model / Serial Number

Location / Department

Service Date

Service Engineer

Contact Person

Checklist

Item	Check	Comments
Visual inspection of equipment	<input type="checkbox"/>	<div></div>
Check power supply and cables	<input type="checkbox"/>	<div></div>
Test functionality	<input type="checkbox"/>	<div></div>
Calibration/Adjustment performed	<input type="checkbox"/>	<div></div>
Clean equipment exterior	<input type="checkbox"/>	<div></div>
Replace consumables / accessories as needed	<input type="checkbox"/>	<div></div>
Software/Firmware update	<input type="checkbox"/>	<div></div>
Functional safety features check	<input type="checkbox"/>	<div></div>

Additional Notes

Parts Replaced / Actions Taken

Next Recommended Service

Engineer Signature

Date