

# Gym Fitness Equipment Preventive Maintenance Checklist

Date

Technician Name

Location

Equipment	Check	Status	Comments
Treadmill	<div></div>	<div></div>	<div></div>
Elliptical	<div></div>	<div></div>	<div></div>
Stationary Bike	<div></div>	<div></div>	<div></div>
Rowing Machine	<div></div>	<div></div>	<div></div>
Weight Machine	<div></div>	<div></div>	<div></div>

Issues Found

Actions Taken

Additional Remarks

Technician Signature