

Food Processing Conveyor Maintenance Checklist

Date:

Inspector Name:

Conveyor ID/Location:

Checklist Item	Checked	Comments
Belt/Tension & Alignment	<input type="checkbox"/>	<input type="text"/>
Cleanliness	<input type="checkbox"/>	<input type="text"/>
Rollers/Idlers Condition	<input type="checkbox"/>	<input type="text"/>
Motor & Drives	<input type="checkbox"/>	<input type="text"/>
Bolts & Guards Secure	<input type="checkbox"/>	<input type="text"/>
Lubrication	<input type="checkbox"/>	<input type="text"/>
Safety Devices	<input type="checkbox"/>	<input type="text"/>
Electrical Components	<input type="checkbox"/>	<input type="text"/>
Unusual Noise/Vibration	<input type="checkbox"/>	<input type="text"/>

Inspector Signature:

Supervisor Review: