

Title

EQUIPMENT #: _____

LOCATION: _____

YEAR: _____

Type of Equipment: _____

Energy Source: ☐ Gas ☐ Electric ☐ Mechanical

DATE (MM/DD)												
INSPECTOR'S INITIALS												
REPAIR DATE (MM/DD) / REPAIRER'S INITIALS												
GENERAL ITEMS INSPECTED	OK	NI	OK	NI	OK	NI	OK	NI	OK	NI	OK	NI
SECTION TITLE												
SECTION TITLE												
COMMENTS:												

NI= Needs Improvement