Equipment Pre-Use Inspection Checklist

Equipment type																					
Equipment ID number																					
Inspection for week of																					
Visual Inspection Items	N	1onda	av	Tuesday			Wednesday			Thursday		Friday		Saturday		Sunday					
•									,			_,						-,			,
Operational Inspection Items	N	londa	ау	Т	uesda	ay	We	dnes	day	Tł	nursd	ay	ı	riday	/	Sa	turda	ay	S	unda	у
Inspector's Initials																					
Supervisor's Initials																					

Equipment Pre-Use Inspection Checklist

Deficiencies									
Date Observed	Description	Actions Required	Action Completed By	Date Completed					