

☐ PM
 ☐ CM / Repair
 ☐ Inspection / TI
 ☐ Electrical safety

01 Client and equipment

Select all services performed above.

Facility / client		Report no.	Service date
Device	Manufacturer	Model	
Serial number	Asset ID	Department / location	
Procedure / document reference and revision			

Reported concern, findings and work performed

02 Inspection checks

P = Pass F = Fail N/A = Not applicable

Housing / labels / cleanliness	☐ P ☐ F ☐ N/A	Controls / display / operation	☐ P ☐ F ☐ N/A
Mechanical parts / connections	☐ P ☐ F ☐ N/A	Alarms / safety functions	☐ P ☐ F ☐ N/A
Power / cord / battery	☐ P ☐ F ☐ N/A	Accessories / consumables / expiry	☐ P ☐ F ☐ N/A

03 Parts and materials

Mark N/A if none used.

Item / replacement description	Part / kit number	Qty

04 Tester and measurements

Tester name / ID	Calibration due
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Test / parameter / setting	Measured + unit	Acceptance / limit / ref.	P / F / N/A

05 Result and follow-up

☐ Pass
 ☐ Fail
 ☐ Incomplete
 ☐ Not performed

Disposition / follow-up / limitations	Next PM due, if applicable
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Technician name / signature	Date
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