

Preventive Maintenance Chart

| Name of Item, Equipment or Device and description of maintenance, if needed. | Weekly checks | | | | Monthly Checks | Discrepancies/ Notes |
|--|---------------|--------|--------|--------|----------------|----------------------|
| | Week 1 | Week 2 | Week 3 | Week 4 | | |
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Directions: 1) List item to be checked in the left column. 2) In appropriate box (weekly or monthly), initial and date when checked. 3) Sign-off on daily checks at the end of each week. 4) Write follow up or "to do" notes in the Discrepancy column and initial when completed.
 For additional copies call: 904.573.2232.