

# Coffee Machine Maintenance Checklist

## 1. Header Section

- **Company/Household Name:** [Insert Name]
- **Machine Model/Serial Number:** [Insert Model/Serial Number]
- **Date of Inspection:** [Insert Date]
- **Inspector/Technician Name:** [Insert Name]
- **Location:** [Insert Location]

## 2. Visual Inspection

Checklist Item	Status (Yes/No/NA)	Notes/Comments
Exterior Cleanliness (Body, Control Panel)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Power Cord Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Leaks or Water Spills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Nozzle and Steam Wand Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Control Buttons/Display Functionality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]

## 3. Cleaning and Hygiene

Checklist Item	Status (Yes/No/NA)	Notes/Comments
----------------	-----------------------	----------------

Cleaning the Water Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Cleaning the Brew Group	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Cleaning and Descaling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Cleaning the Milk Frother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Removal of Coffee Residue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]

#### 4. Mechanical & Electrical Components Check

Checklist Item	Status (Yes/No/NA)	Notes/Comments
Pump and Heating System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Grinder Functionality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Steam Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Safety Valves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]

#### 5. Final Assessment

- **Machine Status:** ☐ Good ☐ Requires Repair ☐ Critical Issue
- **Inspector's Signature:** [Insert Name/Signature]