

Washing Machine Maintenance Checklist

1. Header Section

- **Company/Household Name:** [Insert Name]
- **Date of Inspection:** [Insert Date]
- **Inspector/Technician Name:** [Insert Name]
- **Machine Model/Serial Number:** [Insert Model/Serial Number]
- **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]
Door/Lid Condition (Seals, Hinges, Gaskets)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Signs of Leakage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Water Inlet and Outlet Hoses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Control Buttons/Display Panel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]

3. Mechanical & Electrical Components Check

Checklist Item	Status (Yes/No/NA)	Notes/Comments
Drum and Agitator Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Drive Belt and Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Drain Pump Functionality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Spin Cycle Operation	<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]

4. Cleaning and Maintenance

Checklist Item	Status (Yes/No/NA)	Notes/Comments
Cleaning the Drum (Limescale, Dirt)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Cleaning the Lint Filter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Cleaning the Detergent Drawer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Descaling (Anti-limescale Treatment)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	[Notes]
Removal of Foreign Objects	<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]