### horizontal line**Preventive Maintenance Report Form**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Report No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Section 1: General Information**

* **Equipment/Asset ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Performed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Section 2: Preventive Maintenance Schedule**

* **Frequency of Maintenance:** ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Yearly
* **Date of Last Maintenance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Section 3: Maintenance Details**

* **Type of Maintenance:** ☐ Lubrication ☐ Cleaning ☐ Part Replacement ☐ Other
* **Observations/Findings:**

#### **Section 4: Actions Taken**

* **Tasks Performed:**
* **Parts Replaced (if any):**
  + Part Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quantity: \_\_\_\_\_

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#### **Section 5: Technician’s Details**

* **Technician Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Technician ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Section 6: Approval**

* **Reviewed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Approved By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_