

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: _____

Section 5: Technician's Details

- Technician Name: _____
- Technician ID: _____
- Signature: _____

Section 6: Approval

- Reviewed By: _____
- Date: _____
- Approved By: _____
- Date: _____