

◆ WEEKLY MAINTENANCE CHECKLIST ◆

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MACHINE INFORMATION

Machine Name	_____	Machine No.	_____
Serial No.	_____	Department	_____
Technician	_____	Shift	_____
Date	_____	From Time	_____
To Time	_____	Total Hours Spent	_____

MAINTENANCE CHECKLIST

#	Maintenance Item / Description	Check	Remarks
1	General cleaning, lubrication and fastener inspection	☐	

AUTHORISATION

Done By	Checked By	Approved By
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____