



PREVENTIVE MAINTENANCE CHECKLIST

Company Name: _____
 Equipment ID.: _____
 SOP No.: _____
 SOP Effective Date: ____ / ____ / ____

Work Order #: _____
 Date: _____
 Performed By: _____
 Reviewed By Client: _____

Section	Complete Check & Initials
6 SAFETY - Check the step performed _____ Level ⁽¹⁾ ☐ 6.1 ☐ 6.2 ☐ 6.3 ☐ 6.4 ☐ 6.5	☐ _____
11 MONTHLY - Check the step performed _____ Level ⁽¹⁾ ☐ 11.1 ☐ 11.2 ☐ 11.3 ☐ 11.4 ☐ 11.5 ☐ 11.6 ☐ 11.7 ☐ 11.8 ☐ 11.9 ☐ 11.10 ☐ 11.11 ☐ 11.12	☐ _____
10 QUARTERLY - Check the step performed _____ Level ⁽¹⁾ ☐ 10.1 ☐ 10.2 ☐ 10.3 ☐ 10.4 ☐ 10.5 ☐ 10.6 ☐ 10.7 ☐ 10.8 ☐ 10.9 ☐ 10.10 ☐ 10.11 ☐ 10.12	☐ _____
9 SEMIANNUAL - Check the step performed _____ Level ⁽¹⁾ ☐ 9.1 ☐ 9.2 ☐ 9.3 ☐ 9.4 ☐ 9.5 ☐ 9.6 ☐ 9.7 ☐ 9.8 ☐ 9.9 ☐ 9.10 ☐ 9.11 ☐ 9.12	☐ _____
8 ANNUAL - Check the step performed _____ Level ⁽¹⁾ ☐ 8.1 ☐ 8.2 ☐ 8.3 ☐ 8.4 ☐ 8.5 ☐ 8.6 ☐ 8.7 ☐ 8.8 ☐ 8.9 ☐ 8.10 ☐ 8.11 ☐ 8.12 ☐ 8.13 ☐ 8.14	☐ _____
Make entry in Equipment Maintenance Log, Form 8.001.1.	☐ _____

Completion: Does this SOP accurately and adequately describe the correct maintenance requirements of this equipment? Yes ____ No ____ If NOT, please explain: _____

Note: (1) = Enter the highest step number in each section performed