

# Equipment Maintenance records

Format No.:

|   |                   |                          |                                 |                             |
|---|-------------------|--------------------------|---------------------------------|-----------------------------|
| Name of Equipment / Instrument  |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Lab ID No.  | Model No.         | Serial No                | Range                           | Power Source                |
|   |                   |                          |                                 |                             |
| Equipment / Instrument Manufacturer   |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Date of Receipt   |                   | Date of services started |                                 |                             |
|   |                   |                          |                                 |                             |
| Location / area   |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Service Engineer Name & contacts  |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Spare / Parts Details   |                   |                          |                                 |                             |
| Supplier Name   | Spare / Part Name |                          | Parts of Equipment / Instrument | Replaced Part returned date |
|   |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Name of Personnel – Analysis / Calibration ( Owner of equipment / Instrument in laboratory) |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Damaged Details in equipment / Instruments  |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Calibration Status  |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Records of Maintenance / Descriptions   |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Analysis on damages / failure of equipment / instrument                                     |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |
| Service / Maintenance Engineer  |                   |                          |                                 |                             |
| Signature   | Stamp             | Date                     | Remarks, if any                 |                             |
|   |                   |                          |                                 |                             |
| Verified – Laboratory Manager   |                   |                          |                                 |                             |
|   |                   |                          |                                 |                             |