Fluids Line inspection

Month: _____

Sr. No.	Name of Fluid	Application	Location at used	Line #, if any	Sensitivity category	Inspection (1st Week) Inspected by:		Inspection (1st Week) Inspected by:		Inspection (1st Week) Inspected by:		Inspection (1st Week) Inspected by:	
						Date	Observation / Status	Date	Observation / Status	Date	Observation / Status	Date	Observation / Status

Records Verified by _____ **Sign** _____ **Maintenance Manager Sign** _____ **Date** _____