Equipment Name: Equipment No: .

Month Year Location: .

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day | Time | Inspect and Clean | Temp Probe | Check Display & Alarm | Acceptable(Y) or (N) | Tech ID |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
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KEY: ✓ = performed/satisfactory; Y = YES, N = No

Comments: \_.

**Reviewed by:**   **Date:** \_\_.