Equipment, Tool or Vehicle Maintenance Schedule

Employee Name:_____ Assigned Piece of Equipment, Tool, or Vehicle_____
Date of Issue:_____

Scheduled Inspection: __ Daily __ Weekly __ Monthly __ Quarterly __ Annually
__ Before Out of Town Travel __ Mileage __ Every 6 months

Date of Inspection	Type of Inspection	Inspected by	Corrective Actions (if required)	Date Completed