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Effectivity Date: January 3, 2017

Revision No.: 00

Title:

PREVENTIVE MAINTENANCE CHECKLIST AND CORRECTIVE ACTION RECORD

FY _____

Office/College:

Tick appropriate box with (✓) if checked item is ok. Put an (×) mark if item is not okay.

TYPE OF EQUIPMENT/ITEM	<input type="checkbox"/> Vehicle	<input type="checkbox"/> ACU	<input type="checkbox"/> ICT Equipment	<input type="checkbox"/> Medical/Dental Equipment	FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		
	<input type="checkbox"/> Building	<input type="checkbox"/> EMU	<input type="checkbox"/> Lab Equipment	<input type="checkbox"/> Others, specify: _____			
ACTIVITIES	EQUIPMENT NO./ ITEMS LOCATION						REMARKS:
Conducted by:					Date:		
Verified by:					Date:		

Date	Corrective Action	Office Responsible	Date Accomplished	Remarks

