Date	Location	Equipment Type	Equipment ID Number	Date of Maintenance	Description of Maintenance Carried Out	Maintenance Completed By	Initials
xx/xx/xxxx	Cold Room 1	Thermostat	xxxxxxxx	xx/xx/xxxx	Replacement of Faulty Probe	Brenda Jones	BJ

Verification Date:		Verified By:		Role:	

NOTE: Procedures shall be in place to minimise the risk of contamination to product from any scheduled or unscheduled maintenance.