1 of 1

Inspection Date	Location	Equipment Type	Equipment ID Number	Operational (Y/N)	Electrical Hazards Observed (Description/ N)	Mechanical Defects Observed (Description/ N)	All Guarding in Place (Y/ N/ NA)	Visual Product Contamination Risks Observed (Description or N)	Maintenance Request Issued (Number or NA)	Reinspection Date	Initials
xx/xx/xxxx	Cold Room 1	Overhead Light	xxxxxxxxx	Υ	N	N	Υ	N	NA	xx/xx/xxxx	XX
, , , ,		6								, , , , , , , , , , , , , , , , , , , ,	
				Verification Date	<u>:</u>		Verified By:		Role:		

NOTE: Checks should include defects, including but limited to; loose and damaged wires, nuts and bolts, defective welds, fraying belts, cracked or broken glass or hard plastic, contamination with dirt and other product contamination risks.