

# Maintenance Shift Record Form

Date: \_\_\_\_\_

Shift: Day / Swing / Night Technician: \_\_\_\_\_

## 1. Equipment Maintenance Checklist

*Please check each item upon completion. Note any issues in the remarks section.*

Item	Check	Remarks / Issues
Visual inspection of equipment	<input type="checkbox"/>	
Lubrication of moving parts	<input type="checkbox"/>	
Operation test performed	<input type="checkbox"/>	
Safety devices checked	<input type="checkbox"/>	
Temperature & pressure readings recorded	<input type="checkbox"/>	
Leaks or abnormal noises	<input type="checkbox"/>	
Housekeeping around equipment	<input type="checkbox"/>	

## 2. Issues Identified / Actions Taken

Time	Description of Issue	Action Taken	Technician Initials

## 3. Shift Handover Notes

*Provide important notes for the incoming shift (e.g., pending issues, parts ordered, special instructions):*

Technician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_