Hospital Medical Equipment Maintenance Log

Maintenance | US

DATE	TECHNICIAN	DEPARTMENT
____ / ____ / _____		

	DEVICE 1	DEVICE 2	DEVICE 3	DEVICE 4	DEVICE 5	DEVICE 6
Asset ID / Serial number						
Equipment type						
Location						
Service date						
Service type						
Work performed						
Parts replaced						
Electrical safety test						
Functional test result						
FDA MDR reportable event						
Next PM due date						
Initials						

Notes

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