

FARM NAME:

EQUIPMENT INSPECTION

Equipment to be inspected:					
Date of inspection:					
Name of inspector:					
DESCRIPTION OF SPECIFIC ITEM	NEEDS ATTENTION?	NOTES	PERSON RESPONSIBLE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
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	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Note: Inspection requirements can vary based on types of equipment, It is critical to reference the applicable legislation requirements and manufacturer recommendations. This form provides a basic tool to build an inspection process.

 Name and Title of Most Senior Manager

 Signature

 Date Completed