### Daily Maintenance Report Template

Site/Facility	Building / Area / Room	
Report Date	Shift (Start-End)	
Word Order No./Ticket ID	Priority	
Requested By / Department	To all all all all all all all all all al	
Supervisor	Technician(s)	

Maintenance Type

## Asset / Equipment Information

Asset ID / Tag	Asset Name	Location	Manufacturer	Model	Serial Number	Runtime / Meter Reading	Last Service Date

Problem Description / Symptoms (as found)				

#### Diagnostics and Test Measurements

Measurement Point / Test	Pre-Service Reading	Post-Service Reading	Units	Method / Instrument	Pass/Fail

### Actions Performed (as left)

Steps Taken
Setpoints / Parameters Updated
Lubrication Performed
Guards Reinstalled / Interlocks Verified
Function Test Results

#### Parts and Materials Used

Item / Description	Part Number	Lot / Serial Number	Quantity	UOM	Cost (if Tracked)	Issued From (bin/store)

Replacem	nent Component Details (if applicable)
Downtime	and Impact
DOWITITIE	and Impact
Out-of-Service	
Start	
Out-of-Service	
End	
Duration	
Product	
Impact/Area Affected	

Safety and Compliance

LOTO Applied / Removed				
Permits				
PPE Used				
Spills / Waste Disposal				
Regulatory Checks				

Follow-Ups and Recommendations

Additional Work Needed / Deferred Maintenance	
Spare(s) to Reorder	
Vendor Service Required	
Next PM Due	

# Attachments and Evidence Approvals and Sign Off **Technician Name** Signature Date and Time Quality / Safety Reviewer (if Signature Date and Time required) **Date and Time Supervisor Approval** Signature

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