

Equipment Qualification Checklist

Equipment Name: _____

Equipment ID: _____

Location: _____

Date: _____

Manufacturer: _____

Model/Serial #: _____

Checklist Items

No.	Description	Yes	No	Remarks
1	All components are present and properly installed			
2	Calibration status verified			
3	Operation verified according to SOP			
4	Safety features functional			
5	Labeling and identification tags in place			
6	Documentation complete			

Comments / Observations

Checked By

Date: _____

Approved By

Date: _____