

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: _____