

Assembly Line Equipment Maintenance Checklist

Assembly Line Name/ID:

Date:

Inspected By:

Checklist

Equipment/Component	Checkpoints	Status (Pass/Fail/NA)	Remarks
<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>

General Notes/Observations:

Inspector's Signature:

Reviewed By: