

CLEANING EQUIPMENT USAGE LOG

Form ID: EQUIP-LOG-01

Equipment Name: _____

Serial Number: _____

Department: _____

Month/Year: _____

DATE	TIME IN	TIME OUT	OPERATOR NAME	PRE-CHECK	POST- CLEAN	NOTES / ISSUES
------	---------	-------------	------------------	-----------	----------------	----------------------

DATE	TIME IN	TIME OUT	OPERATOR NAME	PRE-CHECK	POST- CLEAN	NOTES / ISSUES
-------------	----------------	---------------------	--------------------------	------------------	------------------------	-------------------------------

Supervisor Signature: _____ Date: _____
