

EQUIPMENT USAGE LOG

LOG SHEET ID
LOG-2024-_____
EQUIPMENT NAME / ID
LOCATION / DEPARTMENT
MONTH / YEAR

DATE	OPERATOR NAME	TIME IN	TIME OUT	METER START	METER END	NOTES / INSPECTIONS / ISSUES	SIGNATURE
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DATE	OPERATOR NAME	TIME IN	TIME OUT	METER START	METER END	NOTES / INSPECTIONS / ISSUES	SIGNATURE
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Form Ref: OPS-LOG-001 Safety First: Report all malfunctions immediately to a supervisor.

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