

# EQUIPMENT DAILY USE LOG

Month/Year: \_\_\_\_\_

Equipment Name: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
Department/Room: \_\_\_\_\_  
Safety Check Date: \_\_\_\_\_

| DATE | TIME | READING/VALUE | CONDITION | NOTES/OBSERVATIONS | OPERATOR |
|------|------|---------------|-----------|--------------------|----------|
|------|------|---------------|-----------|--------------------|----------|

| <b>DATE</b> | <b>TIME</b> | <b>READING/VALUE</b> | <b>CONDITION</b> | <b>NOTES/OBSERVATIONS</b> | <b>OPERATOR</b> |
|-------------|-------------|----------------------|------------------|---------------------------|-----------------|
|-------------|-------------|----------------------|------------------|---------------------------|-----------------|

\* Verification Requirement: Report any malfunctioning equipment immediately to technical supervisor.