EQUIPMENT AUDIT CHART

Ref No: _____
Date: _____
Auditor: _____
Facility Zone: _____

EQUIPMENT NAME	SERIAL / ID	QTY	CONDITION (GOOD/FAIR/POOR)	REQUIRED ACTION / MAINTENANCE
Treadmill (Commercial)				
Elliptical Trainer				
Power Rack / Squat Cage				
Olympic Barbells				
Dumbbell Set (Range:___)				
Cable Cross Machine				
Adjustable Bench				
Leg Press Machine				
Rowing Machine				

EQUIPMENT NAME	SERIAL / ID	QTY	CONDITION (GOOD/FAIR/POOR)	REQUIRED ACTION / MAINTENANCE

GENERAL AUDIT NOTES & SAFETY CONCERNS:

Manager Signature: _____

Date Completed: _____