EQUIPMENT MAINTENANCE LOG

Facility Maintenance Tracking System

Date: _____

EQUIPMENT NAME / ID	CATEGORY	OPERATIONAL STATUS	LAST INSPECTION	TECHNICIAN
Treadmill - TM-001	Cardio	Operational Needs Repair	___ / ___ / 20__	_____
Elliptical - EL-004	Cardio	Operational Needs Repair	___ / ___ / 20__	_____
Cable Crossover	Strength	Operational Needs Repair	___ / ___ / 20__	_____
Leg Press Machine	Strength	Operational Needs Repair	___ / ___ / 20__	_____
Spin Bike - SB-12	Cardio	Operational Needs Repair	___ / ___ / 20__	_____
Rowing Machine	Cardio	Operational Needs Repair	___ / ___ / 20__	_____

Notes / Action Items: