

Equipment and Vehicle Maintenance Log

Supervisor Name: _____ Contact Information: _____

Equipment and Vehicle Description

	Date Due	Initial and Provide Date Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Maintenance
 Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____