

Annexure I

Title: Preventive maintenance schedule	Ref. SOP No.:
Format No.:	Revision No.:

Sr. No	Name of equipment/instrument/utility	Equipment I.D.	Frequency	Activity	Year _____											
					Jan.	Feb.	Mar.	Apr	May	Jun.	Jul.	Aug.	Sept	Oct	Nov.	Dec.
				Planned												
				Executed												
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				Planned												
				Executed												
Sign & Execution Date																

Prepared By:
Executive Engineering

Checked By:
Manager Engineering

Approved By:
Head Engineering