Annexure II

Title: Preventive maintenance checklist	Ref. SOP No.:
Format No.:	Revision No.:
Equipment/ Instrument/ Utility name:	ID:

Sr. No.	Checkpoint	Activity performed (Yes/No)	Observation (OK/Not OK)	Comment

Remark if any:

Date of preventive maintenance:

Done By: **Verified By:**

Copyright Notice: This Article/SOP/Compilation/Published Content is protected by Indian & International Copyright Laws. Reproduction and Distribution of the same without written permission is prohibited. Mail us at: