

Preventive Maintenance Work Order

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WORK ORDER #

ASSET ID

LOCATION

ASSIGNED TECHNICIAN

PM FREQUENCY

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Annual

PM CHECKLIST (LUBRICATION, INSPECTION POINTS, FILTER CHANGES, ETC.)

SCHEDULED DATE

DATE COMPLETED

PARTS / CONSUMABLES USED

PART / CONSUMABLE	QTY	NOTES

NEXT PM DUE DATE

FOLLOW-UP CORRECTIVE WO # (IF ANY)

NOTES / ANOMALIES FOUND

TECHNICIAN SIGNATURE / DATE

SUPERVISOR SIGNATURE / DATE