1. Machine & Equipment Register

No.	Machine / Equipment	Asset ID	Qty.	Maintenance Frequency	Responsible Person
1	Generator	GEN-001	1	Monthly	Maintenance Supervisor
2	Air Compressor	CMP-001	1	Monthly	Maintenance Supervisor
3	Welding Machine	WLD-001	2	Monthly	Technician
4	Drilling Machine	DRL-001	2	Quarterly	Technician
5	Grinding Machine	GRD-001	2	Monthly	Technician
6	Cutting Machine	CTM-001	2	Monthly	Technician
7	Core Drilling Machine	CRM-001	1	Monthly	Technician
8	Cable Cutting Machine	CCM-001	1	Quarterly	Electrical Technician
9	Cable Crimping Machine	CCM-002	1	Quarterly	Electrical Technician
10	Pipe Threading Machine	PTM-001	1	Monthly	Plumbing Technician
11	Hydraulic Press Machine	HPM-001	1	Monthly	Mechanical Technician
12	Electric Hoist	EHT-001	1	Monthly	Maintenance Supervisor
13	Lifting Equipment / Chain Block	LFT-001	As required	Monthly	HSE / Maintenance
14	Water Pump	PMP-001	2	Monthly	Maintenance Technician
15	Pressure Testing Pump	PTP-001	1	Before use / Monthly	QA/QC
16	Megger / Insulation Tester	TEST-001	1	Calibration / Annual	QA/QC
17	Multimeter	TEST-002	2	Calibration / Annual	Electrical Technician
18	Earth Resistance Tester	TEST-003	1	Calibration / Annual	QA/QC
19	Welding Generator	WGN-001	1	Monthly	Welding Supervisor
20	Portable Generator	GEN-002	1	Monthly	Maintenance Supervisor

2. Preventive Maintenance Plan

No.	Equipment	Daily Check	Weekly	Monthly	Quarterly	Annual
1	Generator	✓	✓	✓	✓	✓
2	Air Compressor	✓	✓	✓	✓	✓
3	Welding Machine	✓	—	✓	✓	✓
4	Grinding Machine	✓	✓	✓	—	✓
5	Drilling Machine	✓	✓	✓	✓	✓
6	Cutting Machine	✓	✓	✓	—	✓
7	Water Pump	✓	✓	✓	✓	✓
8	Electric Hoist	✓	✓	✓	✓	✓
9	Chain Block	✓	✓	✓	✓	✓
10	Pressure Testing Pump	✓	—	✓	✓	✓
11	Electrical Test Equipment	Before use	—	—	—	Calibration
12	Earth Resistance Tester	Before use	—	—	—	Calibration

3. Maintenance Record Form

MACHINE / EQUIPMENT MAINTENANCE RECORD

Machine Name: _____
Asset ID: _____
Manufacturer: _____
Model / Serial No.: _____
Location: _____
Date: _____
Hour Meter / Usage: _____
Maintenance Type: ☐ Preventive ☐ Corrective ☐ Breakdown

Inspection / Maintenance Details

No.	Item Checked	Condition	Action Taken	Spare Parts Used
1	Engine / Motor	☐ OK ☐ Not OK		
2	Oil / Lubrication	☐ OK ☐ Not OK		
3	Electrical Connections	☐ OK ☐ Not OK		
4	Safety Guards	☐ OK ☐ Not OK		
5	Cables / Hoses	☐ OK ☐ Not OK		
6	Bolts / Fasteners	☐ OK ☐ Not OK		
7	General Condition	☐ OK ☐ Not OK		

Maintenance carried out:

Next Maintenance Due: _____

Prepared By: _____
Checked By: _____
Approved By: _____
Date: _____