**Equipment No. :** ……………………………….  **Location :** …………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Description** | | **Status / Observations** |
| 1 | Cleaning of Pre-filter | |  |
| 2 | Magnehelic Gauges | |  |
| 3 | Blower Motor for unusual noise | |  |
| 4 | Check the tightness of mounting bolt, pre-filter, blower casing and blower motor etc. | |  |
| 5 | Check Blower light and fluorescent light switches. | |  |
| 6 | Check painting of dispensing booth | |  |
| **Done By** | |  |  |
| **Checked By** | |  |  |
|  | | | |