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**SafetyCulture**



## Information

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Audit Title

---

Document No.

---

Client / Site

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Conducted on



Prepared by

---

Location



Personnel

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## Equipment Details

Make

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Model

---

Serial number

---

Description/type

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Registration or equipment number

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Kilometers or hour meter

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## Complaint

Description or symptom of fault.

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Intermittent?

Yes    No    N/A

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## Cause

Describe suspected cause.

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Is it possibly caused by misuse or operator error?

Yes     No     N/A

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Is it caused by impact damage?

Yes     No     N/A

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## Action Taken

Describe action taken to repair?

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Was this a temporary/emergency repair?

Yes     No     N/A

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## Recommended Further Actions

Describe any further actions recommended to repair.

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Describe suggested actions to prevent reoccurrence?

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Any other repairs required?

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### Equipment Condition

Suggest to shutdown/tag out equipment?

Not applicable     Management to decide/action     Definitely

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What is the overall general condition of equipment?

Satisfactory     Good     Poor     Uneconomical to repair

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Details?

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### Sign Off

I have carried out the above requested repair as per this report.

Customer representative confirmation print and sign name here.

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