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| **Blank Preventive Maintenance Checklist**  |
| **Date:**  |  |  |  |  |  |
| **Prepared By:**  |  |  |  |  |  |
| **Approved By:**  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **No.** | **Equipment Description** | **Date Checked** | **Action Required** | **Action Completed** | **Person responsible for checking** | **Signature**  | **Due Date for Next Check** |
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