# EQUIPMENT MAINTENANCE SCHEDULE
# 20___

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|---|---|
| SITE: | CONTRACTOR: |
| Name of Equipment: | |
| Model Number: | |
| Serial Number: | |
| Date of Purchase: | Acquisition Cost: $ |
| | |

| Months Used: | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Engine Hours | | | | | | | | | | | | |
| Change oil/filter | | | | | | | | | | | | |
| Replace spark plugs | | | | | | | | | | | | |
| Lubricate chassis | | | | | | | | | | | | |
| Clean air filter | | | | | | | | | | | | |
| Replace fuel filter | | | | | | | | | | | | |
| Inspect/replace drive belts | | | | | | | | | | | | |
| Inspect gear case lube | | | | | | | | | | | | |
| Check battery level | | | | | | | | | | | | |
| Transmission/Filter | | | | | | | | | | | | |
| Tire Pressure/Wheel Bearings | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
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Please fill out the back of this sheet with equipment history

Equipment History:

Push to Clear Form