

Industrial Vacuum Preventative Maintenance Checklist

Date: _____ Completed By: _____

Vacuum Model: _____ Vacuum Serial #: _____

Location/Area of Use: _____

IN GOOD WORKING CONDITION?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Main Filter: _____
<input type="checkbox"/>	<input type="checkbox"/>	HEPA Filter: _____
<input type="checkbox"/>	<input type="checkbox"/>	Container Seal: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hose Cuffs: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hose: _____
<input type="checkbox"/>	<input type="checkbox"/>	Inlet: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hose Obstruction: _____
<input type="checkbox"/>	<input type="checkbox"/>	Manometer & Light: _____
<input type="checkbox"/>	<input type="checkbox"/>	On/Off Switch: _____
<input type="checkbox"/>	<input type="checkbox"/>	Power Cord: _____
<input type="checkbox"/>	<input type="checkbox"/>	Plug: _____
<input type="checkbox"/>	<input type="checkbox"/>	Casters: _____
<input type="checkbox"/>	<input type="checkbox"/>	Motor Seal: _____
<input type="checkbox"/>	<input type="checkbox"/>	Handles: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lever: _____
<input type="checkbox"/>	<input type="checkbox"/>	Container Handles: _____
<input type="checkbox"/>	<input type="checkbox"/>	Filter Shaker/DUSTOP: _____
<input type="checkbox"/>	<input type="checkbox"/>	Cord Holder: _____
<input type="checkbox"/>	<input type="checkbox"/>	Noise Level: _____
<input type="checkbox"/>	<input type="checkbox"/>	Brackets: _____
<input type="checkbox"/>	<input type="checkbox"/>	Container: _____
<input type="checkbox"/>	<input type="checkbox"/>	Storage Rack: _____
<input type="checkbox"/>	<input type="checkbox"/>	Screws/Nuts/Bolts (tightened or replaced): _____
<input type="checkbox"/>	<input type="checkbox"/>	Clasp: _____

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IN GOOD WORKING CONDITION?

Yes	No	Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Floor Nozzles: _____
<input type="checkbox"/>	<input type="checkbox"/>	Double Curve Wand: _____
<input type="checkbox"/>	<input type="checkbox"/>	Blades/Bristles: _____
<input type="checkbox"/>	<input type="checkbox"/>	Wall Nozzles: _____
<input type="checkbox"/>	<input type="checkbox"/>	Overhead Pipe Brush: _____
<input type="checkbox"/>	<input type="checkbox"/>	Overhead Extension Wands: _____
<input type="checkbox"/>	<input type="checkbox"/>	Cone: _____
<input type="checkbox"/>	<input type="checkbox"/>	Dust Brushes: _____
<input type="checkbox"/>	<input type="checkbox"/>	Crevice Nozzles: _____
<input type="checkbox"/>	<input type="checkbox"/>	Accessory Connections: _____
<input type="checkbox"/>	<input type="checkbox"/>	Longopac/Disposable Bags: _____
<input type="checkbox"/>	<input type="checkbox"/>	Disposable Bag Ring: _____

Additional Accessories:

Additional Needs/Concerns:
