Equipment Fault and Maintenance Form

Customers, service, and delivery · Event-based

Fault details

Business name

Date / time

Device / location

Reported by

Make / model

Priority (service stopped / can continue)

Initial response

Question	Yes	No	Initials	Notes
Was the device turned off and on?	☐	☐		
Were the paper, receipt roll, and power cable checked?	☐	☐		
Was backup equipment put into use?	☐	☐		
Were the manager and technical service called?	☐	☐		
Were products isolated if food safety was affected?	☐	☐		

Symptom

Work completed, parts, and result

Signature

Signature of person reporting

Technician / manager

Closing time

This form is a checklist for training purposes. It does not change your municipal, food registration, or occupational health obligations. Confirm local requirements in writing.