

Jul

Aug

Sep

Oct

Nov

Dec

CONST	RUCTION.	100	Maintenan	ice F	Reco	rd	(Year)
To be completed by PERSON IN CHARGE							
Facility/Equipment/Machinery/Vehicles:							
Facility/Equipment/Machinery/Vehicles Ref. No :							
Maintenance Interval:							
Month	Maintenance		Description of	Type of Maintenance (Tick where applicable)			Verified by
	Plan	Actual	Maintenance / Remark	Internal	External	External Company Name	(Name/Date)
Jan							
Feb							
Mar							
Apr							
May							
Jun							

REF NO.: SLG/PRO-M/FRM/01 REVISION NO: 02 EFFECTIVE DATE: 21/11/2022

 $<sup>\</sup>ensuremath{^{*}}$  Non conduct / postpone maintenance shall to remark with explanation