

## Preventive Maintenance Checklist

### Stadiometer

PM Date:	_____	Make:	_____
Customer:	_____	Model:	_____
Facility:	_____	Serial #:	_____
Room:	_____	Asset #:	_____
		Tech:	_____

#### Checklist:

\_\_\_\_\_ Horizontal Movement

\_\_\_\_\_ Counter Accuracy

\_\_\_\_\_ Lubrication

\_\_\_\_\_ Mounted Securely

\_\_\_\_\_ Cleaned

Technicians Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This inspection was performed in accordance with manufacturer specifications.

Stadiometer