**Weekly Lab Equipment Status Report**

Submitted by: [Technical Supervisor Name]

Week No: Month: Date: From [DD/MM/YYYY] To [DD/MM/YYYY]

Lab Name/Location: [Specify Lab Name or Code]

**Equipment Status Table**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Equipment Name** | **Equipment ID/Code/Log Book No.** | **Date Entered** | **Operational Status** | **Last Maintenance Date** | **Issue Identified** | **Action Taken** | **Remarks** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |

Notes:

Signature of TS Signature of Faculty-in Charge Signature of HoD