**Industrial Equipment/Systems Maintenance Records**

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| --- | --- | --- | --- |
| **Facility Name:** |  | **DEQ Authorization No. OKR05** |  |

|  |  |
| --- | --- |
| **Name of Equipment/System:** |  |
| **Describe maintenance activities:** |  |
| **Maintenance Schedule:** | **Date of Maintenance Action:** |
| **Reason for Action:** |[ ]  **Regular Maintenance** |[ ]  **Discovery of Problem** |
| **If Problem,**  |
|  | * **Description of Action Required:**
 |  |
|  | * **Date the System/Eqmt Returned to Full Function:**
 |  |
|  | * **Justification for Extended Schedule, if applicable:**
 |  |
| **Additional Notes:** |  |
|  |

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