

Regular Maintenance Requirements										
Enter Times Under Each Operation										
Date <u>12/2/2012</u>										
Equipment/Item	Cleaning	Lubricating	Re-inflation	Damage Check	Repair	Restocking	Refilling	Storing	Other	
Entry/Exit	0600	N/A	N/A	0600	see notes	N/A	N/A	N/A	—	
Free weights	0630	N/A	N/A	0630	" "	N/A	N/A	Racks	—	
Universal pin loaded machines	0700	0700	N/A	0700	N/A	N/A	N/A	N/A	—	
TRX/other ropes	0730	N/A	N/A	0730	—	N/A	N/A	Behind Smith rack	storing 2 racks ordered	
Exercise mats	0800	N/A	N/A	0800	—	N/A	N/A	core area	—	
Treadmills	0830	0855	N/A	0830	—	N/A	N/A	N/A	—	
Exercise bikes	0900	—	N/A	0900	—	N/A	N/A	N/A	—	
Steppers	0900	—	N/A	0900	see notes	N/A	N/A	N/A	—	
Benches, racks, and shelves	0630	N/A	N/A	0630	—	N/A	N/A	N/A	—	
Punch bags and strike shields	1300	N/A	N/A	1300	—	ordered new inners	N/A	cages boxing room	—	
Flotation devices	0500	N/A	0500	0500	—	N/A	N/A	footwells	—	
Fire extinguishers	0530	N/A	N/A	0530	—	—	—	various	—	
Mirrors & Windows	1100	N/A	N/A	1100	see notes	—	—	—	—	
Water fountain/dispenser/bubbler etc.	1000	N/A	N/A	1000	—	—	1015	between group room & machines	—	
Swiss balls	0930	N/A	0930	0930	0930	—	—	on racks beside core floor	—	

Notes on 'Other'

① Electronic pad for entry not functioning. Repair request form filled out. ② Pad (foot) loose. Repaired immediately. ③ Crack in top right hand corner of mirror closest to bench press. RR form filled out. ④ Plug on balance pad missing. Replaced immediately.

# Maintenance / Repair Work Request

Date of Request: 22 / 3 / 2013 Requesting Party: Brendan, Gym Manager

Work Location: Gym

Details: The cable on the assisted Chin-up / Dip combo machine has its outer casing worn and the steel cable is exposed and is showing signs of fraying.

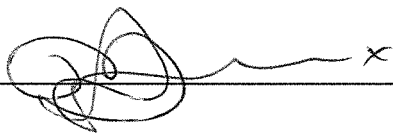
Noted parts needing replacing: Cable

Requested Priority:

High - Must be done within 24 hours.

Medium - Within the week.

Low - When you get a chance.

Signature: 

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## For Office Use Only:

Date Reviewed: \_\_\_/\_\_\_/\_\_\_ Priority Assigned: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Comment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Work Completed: \_\_\_/\_\_\_/\_\_\_ Number of Days to Complete: \_\_\_\_\_

Work Assigned To: \_\_\_\_\_