

Equipment Log Book

- To be filled in by the technician, or the person maintaining the separator
- Service and maintenance must be carried out as per the instructions for the installation, operation and maintenance

YEAR:		
MONTH 1		
Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	() No
Was the system needing to be replaced?	() Yes	() No
MONTH 3		
Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	⊖ No
MONTH 5		
Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	O №
MONTH 7		
Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	O №
Was the system needing to be replaced?	() Yes	O №
MONTH 9		
Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	O №
Was the system needing to be replaced?	() Yes	⊖ No
MONTH 11		
Name of the person who inspected:		
Date of Inspection: –	_	
Was the system operating properly?	O Yes	
	() Yes	∩ No

MONTH 2		
Name of the person who inspected:		
Date of Inspection: —		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	⊖ No
MONTH 4		
Name of the person who inspected:		
Date of Inspection: —		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	⊖ No
MONTH 6		
Name of the person who inspected:		
Date of Inspection: —		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	⊖ No
MONTH 8		
Name of the person		

Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	O №
Was the system needing to be replaced?	() Yes	O №

MONTH 10

Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	O №

MONTH 12

Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	⊖ Yes	O №
Was the system needing to be replaced?	() Yes	O №



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Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	O №
MONTH 3		
Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	() No
MONTH 5		
Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	O №
MONTH 7		
Name of the person who inspected:		
Date of Inspection: –	-	
Was the system operating properly?	() Yes	O №
Was the system needing to be replaced?	() Yes	O №
MONTH 9		
Name of the person who inspected:		
Date of Inspection: –	-	
Was the system operating properly?	() Yes	O №
Was the system needing to be replaced?	() Yes	⊖ No
MONTH 11		
Name of the person who inspected:		
Date of Inspection: –	_	
Was the system operating properly?	O Yes	
Was the system needing to be replaced?	() Yes	O №

MONTH 2		
Name of the person who inspected:		
Date of Inspection: —		
Nas the system operating properly?	() Yes	O №
Was the system needing to be replaced?	() Yes	⊖ No
MONTH 4		
Name of the person who inspected:		
Date of Inspection: —		
Nas the system operating properly?	() Yes	O №
Was the system needing to be replaced?	() Yes	O №
MONTH 6		
Name of the person who inspected:		
Date of Inspection: —		
Was the system operating properly?	() Yes	() No

MONTH 8

Was the system operating properly? Was the system needing to be replaced?

Name of the person who inspected:			
Date of Inspection:			
Was the system opera	ating properly?	() Yes	O №
Was the system needi	ing to be replaced?	() Yes	O №

○ Yes ○ No

MONTH 10

Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	⊖ No
Was the system needing to be replaced?	() Yes	O №

MONTH 12

Name of the person who inspected:		
Date of Inspection:		
Was the system operating properly?	() Yes	O №
Was the system needing to be replaced?	⊖ Yes	O №

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