

ELEVATOR MAINTENANCE LOG

For the month of _____

Property: _____ Resident Manager: _____ Date Reviewed By Resident Mgr.: _____ Signature of Resident Mgr.: _____ Name of Premises Engineer: _____
 (Name of Complex)

Date of Maintenance or Repair	Address of Premises Where Elevator is Located	Elevator Number	Description of Malfunction	Time Out of Service	Type of Maintenance Performed (Be Specific)	Person or Crew (List Names)	Time of Return to Service	General Comments

Chart should be completed by premises engineer and reviewed by resident manager.

