

AV Maintenance Visit

Preventive maintenance for meeting room and classroom AV: room by room display, audio, video call and control checks, defects and sign-off.

1. Job details

The job and the site.

Project

Filled in from the project in SiteSurvey.

Job or contract reference

Customer

Site *

Address

Date of visit *

Arrival time

Type of visit * (choose one)

☐ Planned maintenance ☐ Call-out for a fault ☐ Return visit

What was reported, and by whom? (if applicable)

Reference of the earlier job (if applicable)

Engineer name

2. Room by room

One entry for each room or system. Test it the way a user would.

Start every room from cold: switch it on from the touch panel or remote, share a laptop, and make a test call if the room has video conferencing. Faults that users report rarely show on equipment that is already on.

Rooms checked (copy this block for each one)

Room *

Type of room (choose one)

- ☐ Meeting room
☐ Boardroom
☐ Classroom
☐ Lecture theatre
☐ Hall or auditorium
☐ Reception or signage
☐ Other: _____

Display (choose one)

- ☐ Flat panel ☐ Interactive panel ☐ Projector ☐ LED or video wall ☐ None

Picture (if applicable; choose one)

- ☐ OK ☐ Defect

Lamp or laser hours (if applicable)

Filter cleaned or replaced? (if applicable)

- ☐ Yes ☐ No

Image fills the screen and is in focus? (if applicable)

- ☐ Yes ☐ No

Inputs tested (tick all that apply)

- ☐ HDMI
☐ USB-C
☐ Wireless presentation
☐ Room PC
☐ Document camera
☐ Other: _____

Speakers (choose one)

- ☐ OK ☐ Defect ☐ Not fitted

Microphones (choose one)

- ☐ OK ☐ Defect ☐ Not fitted

Hearing loop (choose one)

- ☐ Working ☐ Not working ☐ Not tested ☐ Not fitted

Video call (choose one)

- ☐ Test call OK ☐ Fault on test call ☐ Not tested ☐ Not fitted

Camera (choose one)

- ☐ OK ☐ Defect ☐ Not fitted

Touch panel or control system (choose one)

- ☐ OK ☐ Defect ☐ Not fitted

Table and wall plates, cables and adapters (choose one)

- ☐ OK ☐ Defect or missing

Firmware and software (choose one)

- ☐ Up to date ☐ Updated on this visit ☐ Update outstanding ☐ Not checked

Screens, lenses and vents cleaned?

- ☐ Yes ☐ No

Any defect in this room?

- ☐ Yes ☐ No

Describe the defect and what you did (if applicable)

Priority (if applicable; choose one)

- ☐ Urgent: stops the system being used
☐ Soon: within a month
☐ Routine: at the next visit

Photos (if applicable; photos: attach, or note the file names)

How was the room left? * (choose one)

- ☐ Fully working ☐ Working with a defect ☐ Out of use

Rooms checked (worked out automatically in the app)

Rooms with a defect (worked out automatically in the app)

Rooms out of use (worked out automatically in the app)

3. Racks and central equipment

Equipment that serves more than one room.

Is there a rack or central equipment?

- ☐ Yes ☐ No

Rack fans and ventilation (if applicable; choose one)

- ☐ Working ☐ Defect ☐ None fitted

Temperature at the front of the rack (°C) (if applicable)

Matrix, audio processor and amplifiers (if applicable; choose one)

- ☐ OK ☐ Defect

AV network switches (if applicable; choose one)

- ☐ OK ☐ Defect ☐ None

Did you take a backup of the control and audio configuration? (if applicable)

- ☐ Yes ☐ No

Notes (if applicable)

4. Mains leads and plugs

A visual check of what users plug in and unplug.

Did you look over the mains leads, plugs and extension leads?

☐ Yes ☐ No

Any damaged leads, plugs or overloaded extensions? (if applicable)

☐ Yes ☐ No

What, where, and what did you do? (if applicable)

Portable appliance testing. HSE says the law does not make inspection or testing of electrical appliances a legal requirement, nor require it every year. How often equipment is checked depends on the type of equipment and where it is used. Take damaged leads out of use.

5. Outcome and parts

How the system was left and what happens next.

Outcome of the visit * (choose one)

- ☐ All rooms fully working
☐ Working with defects outstanding
☐ One or more rooms out of use

What needs doing next, and who will do it? (if applicable)

Recommendations

Did you use any parts or materials?

☐ Yes ☐ No

Parts and materials used (copy this block for each one; if applicable)

Item

Part number

Quantity

Next visit due

Departure time

6. Sign-off

Customer and engineer.

Is the customer or their representative available to sign?

☐ Yes ☐ No

Why not, and who will you send the report to? (if applicable)

Customer name (if applicable)

Position (if applicable)

Customer comment (if applicable)

Customer signature (if applicable)

Engineer name

Engineer signature