

EV charger maintenance checklist

Record an EV charging unit maintenance visit, visible condition, manufacturer procedure references, functional-check evidence and unresolved faults.

Complete the applicable sections. An asterisk marks a required field when that section applies. Copy repeat sections as needed and attach photographs separately.

Charger and visit

Project or site *

Record reference *

Record date *

Prepared by *

Charger ID, make and model *

Serial number *

Manufacturer service procedure and revision *

Work-control or isolation reference *

Recorded service checks

Housing and mounting condition reviewed *

☐ Confirmed ☐ Exception ☐ Not applicable

Housing and mounting condition reviewed exception or applicability note *

If applicable: Housing and mounting condition reviewed is Exception or Housing and mounting condition reviewed is Not applicable.

Cable and connector condition reviewed *

☐ Confirmed ☐ Exception ☐ Not applicable

Cable and connector condition reviewed exception or applicability note *

If applicable: Cable and connector condition reviewed is Exception or Cable and connector condition reviewed is Not applicable.

Display and user interface checked *

☐ Confirmed ☐ Exception ☐ Not applicable

Display and user interface checked exception or applicability note *

If applicable: Display and user interface checked is Exception or Display and user interface checked is Not applicable.

Required functional checks recorded *

☐ Confirmed ☐ Exception ☐ Not applicable

Required functional checks recorded exception or applicability note *

If applicable: Required functional checks recorded is Exception or Required functional checks recorded is Not applicable.

Specialist test and service evidence references *

Condition and defect photos

Photo or attachment references: _____

Record results of authorised work only. Do not use this checklist as instructions for electrical testing, opening enclosures or isolating equipment.

Service outcome

Recorded availability *

☐ Available under site procedure ☐ Restricted ☐ Unavailable

Restrictions and escalation or none *

Record status *

☐ Open ☐ Complete

Next action or reason none is needed *

Responsible person *

Reviewed by

Reviewer acknowledgement

Signature: _____