

Gym Equipment Inspection

A gym equipment condition record covering asset identity, visible wear, approved function checks, user information, defects and equipment restrictions.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This is a condition-check record, not a load-test certificate, electrical safety certificate, medical suitability assessment or guarantee against failure.

HSE guidance explains risk-based inspection and maintenance of work equipment. Use the manufacturer instructions, usage and risk assessment to define competent checks and defect handling for the equipment concerned.

2. Equipment and check scope

Equipment ID, type and location *

Scan the equipment label

Scanned in the SiteSurvey app. On paper, write the numbers: serial number, model number, asset number.

Manufacturer instructions and check schedule *

Checker and authorised scope *

Previous defects and service reference

3. Condition checks

Frame, visible fixings and stability checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Cables, belts and moving parts visibly checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Guards and pinch-point protection checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Seats, pads and adjustment devices checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Labels, user instructions and approved stop functions checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Authorised unloaded function check and result

Record only the functional checks authorised for the equipment and your role. Refer faults without exposing users to an unresolved condition.

Defect evidence (photos: attach, or note the file names)

4. Handover

Use decision * (choose one)

☐ Available within recorded limits ☐ Restricted use ☐ Out of service

Restrictions, isolation and person informed * (if applicable)

Repair or follow-up job reference

Condition and defect evidence (photos: attach, or note the file names)

5. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

A large, empty rectangular box with a thin black border, intended for the author's signature.

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.