

LABORATORY EQUIPMENT ACTION TAKEN REPORT

Date:

Program	:	B. Tech / M. Tech / MBA
Name of the Department	•	
Name of the Laboratory	:	
Semester	:	
Academic Year		

S. No	Name of the Equipment	Type of Defect	Date on which Defect Identified	Date of Repair	Remarks

Laboratory In-Charge

Head of the Department

PRINCIPAL