APOLLO BATH
Elevating Senior Health...with Style

BATHING EQUIPMENT MAINTENANCE LOG

Unit/Room:_____ **Time:**_____

Staff Responsible:_____

Equipment Type:_____

Inspection Performed: ☐ Yes ☐ No

Notes/Repairs Needed:_____

Completed By:_____

Monthly Maintenance Includes:

- ☐ Inspect grab bars, shower chairs, and benches for wear or looseness
- ☐ Test emergency call system
- ☐ Confirm lift battery function and charging
- ☐ Check all hoses, temperature controls, and water pressure
- ☐ Clean and sanitize per infection control protocols