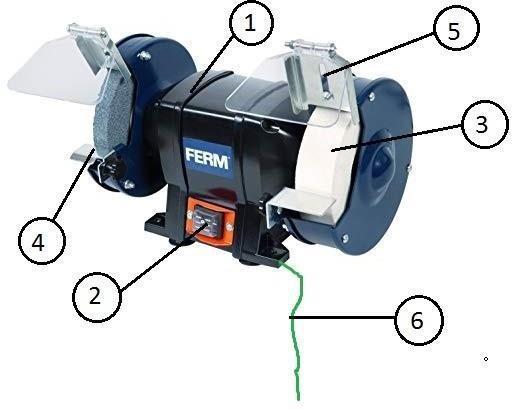
|  |
| --- |

| Equipment Name & Number: | | **30-PEDESTAL GRINDER** & | | | |
| --- | --- | --- | --- | --- | --- |
| **Note:** Please write Yes or No in the given box and if some comments write in the remarks column. | | | | | |
| **SN.** | **Description** | |  | **Yes/No** | **Remarks** |
| 1. | Physical condition of the body should be good & sound. | | # |  |  |
| 2. | On/off switch should be in proper condition. | | # |  |  |
| 3. | Wheel guard should be in good condition. | | # |  |  |
| 4. | Tool rest should be available at a distance of 3 mm from the rotating wheel. | | # |  |  |
| 5. | Eye guard and spark deflector should be available. | | # |  |  |
| 6. | Machine should be double insulated or grounded. | | # |  |  |
| 7. | Wheel should be free from defects and rotating capacity should be marked. | | # |  |  |
| 8. | Power cable should be free from damage and connection taken through industrial plug. | | # |  |  |
| 9. | Always use a designated key for changing wheel. | |  |  |  |
| 10. | Machine operated by a competent person. | |  |  |  |



| FIT |  | PARTIALLY FIT UNFIT | |  |  |
| --- | --- | --- | --- | --- | --- |
| Inspected By | | | Reviewed By | | |
| Name: | | | Name: | | |
| Signature with date: | | | Signature with date: | | |