**Project Name:**

**Checklist No. …………**

**Make:**

**Checklist for Equipment Inspection**

**: Date:**

**Model:**

**Hired Contractor**

****

| Equipment Name & Number: | | **20-PORTABLE GRINDER** & | | | |
| --- | --- | --- | --- | --- | --- |
| **Note:** Please write Yes or No in the given box and if some comments write in remarks column. | | | | | |
| **SN.** | **Description** | |  | **Yes/No** | **Remarks** |
| 1. | Grinding machine should be in good and working condition. | | # |  |  |
| 2. | Power cable should be free from damages and connection taken through industrial plug. | | # |  |  |
| 3. | A flexible cord should be provided to keep cable free from damage. | |  |  |  |
| 4. | Motor capacity should be marked in RPM. | |  |  |  |
| 5. | Dead man switch should be in working condition. | | # |  |  |
| 6. | Handle should be provided for better control. | |  |  |  |
| 7. | Wheel guard should be properly installed with  machine, so that gap between guard and wheel should not be more than 3mm. | | # |  |  |
| 8. | Grinding/cutting wheel should free from defect and rotating capacity should be marked. | | # |  |  |
| 9. | Grinding machine should be double insulated otherwise grounded. | |  |  |  |
| 10. | Always use designated key for removing and changing wheel. | |  |  |  |
| 11. | Machine operated by competent person. | | # |  |  |
| 12. | RPM of wheel should be more than RPM of motor. | | # |  |  |



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