**Checklist for Equipment Inspection**,

**Project Name:**

**Checklist No. …………**

**Make:**

**Project Code: Date:**

**Model:**

**Hired:**

**Contractor:**

| Equipment Name & Number: | | **5-CONCRETE MIXER** & | | | |
| --- | --- | --- | --- | --- | --- |
| **Note:** Please write Yes or No in the given box and if some comments are written in the remarks column. | | | | | |
| **SN.** | **Description** | |  | **Yes/No** | **Remarks** |
| 1. | Mixer machine should be physically fit. | | # |  |  |
| 2. | Rotating part & IC engine should be covered with a fixed guard. | | # |  |  |
| 3. | No damage to the tire (crack, cuts & air pressure, etc.). | | # |  |  |
| 4. | Rotating part of gear should be covered. | | # |  |  |
| 5. | Proper handle lock should be available. | | # |  |  |
| 6. | Handle should be free from defects. | |  |  |  |
| 7. | Mixer machine should be with the proper handle to control the movement. | | # |  |  |
| 8. | Spark arrestor should be installed, if the machine is operating in a flammable atmosphere. | |  |  |  |



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