Project Name:

Checklist No. …………

Make:

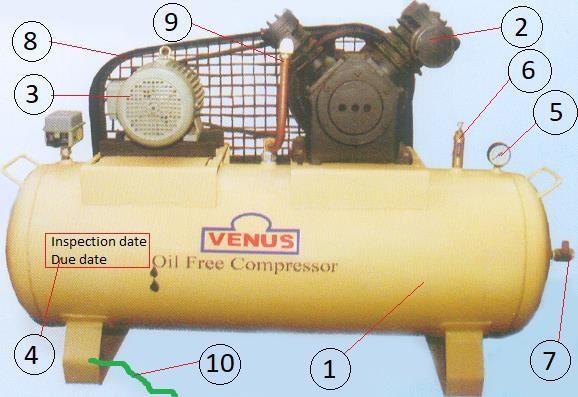
**Checklist for Equipment Inspection**

Project Code: Date:

Model:

Hired Contractor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Equipment Name & Number: | | **26-AIR COMPRESSOR** & | | | |
| **Note:** Please write Yes or No in the given box and if some comments write in remarks column. | | | | | |
| **SN.** | **Description** | |  | **Yes/No** | **Remarks** |
| 1. | Physical condition of compressor tank should be good and certified by TPI. | | # |  |  |
| 2. | Piston should be in good condition. | | # |  |  |
| 3. | Motor should be in good and working condition. | | # |  |  |
| 4. | Inspection date and due date should be clearly marked. | | # |  |  |
| 5. | Pressure gauge should be in working state and free from defects. | | # |  |  |
| 6. | Safety valve should be calibrated at regular interval. | | # |  |  |
| 7. | Any other valve should be free from defects and in  working condition. | | # |  |  |
| 8. | Rotating part should be covered with fixed guard. | | # |  |  |
| 9. | All joints should be properly tighten. | | # |  |  |
| 10. | Compressor should be grounded as per IS 3043:1987. | | # |  |  |
| 11. | Power cable should be free from defects and connection taken through industrial plug. | | # |  |  |
| 12. | Whip arrestor is in good condition. | | # |  |  |



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