**Project Name:**

**Checklist No. …………**

**Make:**

**Checklist for Equipment Inspection**

**Project Code:**

**Date:**

**Model:**

**Hired Contractor**

****

| Equipment Name & Number: | | **10-BAR CUTTING MACHINE** & | | | |
| --- | --- | --- | --- | --- | --- |
| **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 body should be good & sound. | | # |  |  |
| 2. | Junction box of motor should be full packed. | | # |  |  |
| 3. | Rotating part of machine should be covered by fixed guard. | | # |  |  |
| 4. | Operating leaver should be insulated with nonconductive material. | | # |  |  |
| 5. | Bar guard should be fixed with machine. | | # |  |  |
| 6. | Machine should be grounded as per IS 3043:1987. | | # |  |  |
| 7. | Power cable should be free from damages and connection taken through industrial plug. | | # |  |  |
| 8. | Machine should be operated by competent person.. | | # |  |  |

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