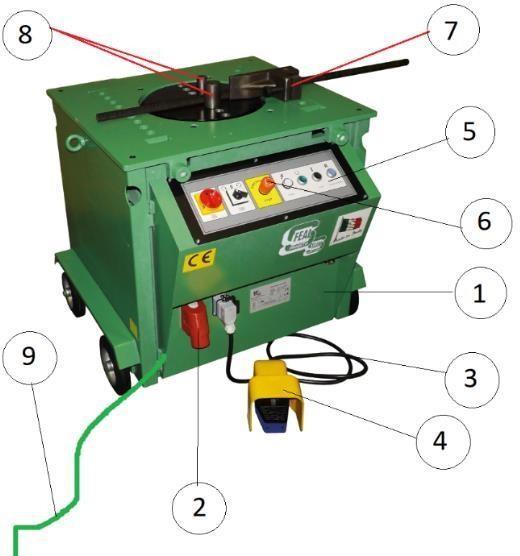
**Project Name:**

**Checklist No. …………**

**Make:**



**Checklist for Equipment Inspection**

**Project Code: Date:**

**Model:**

**Hired Contractor**

****

| Equipment Name & Number: | | **11-BAR BENDING 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. | Electrical connection should be taken through industrial plug in proper manner. | | # |  |  |
| 3. | Power cable should be free from damages. | | # |  |  |
| 4. | Operating switch should be free from defects, e.g., uninsulated & broken, etc. | | # |  |  |
| 5. | On/off or other switches should free from defects, e.g., uninsulated & broken, etc. | | # |  |  |
| 6. | Emergency stop button should be mushroom headed with red colour. | | # |  |  |
| 7. | Bar support should be properly fitted with machine. | | # |  |  |
| 8. | Pins should be free from loose fitting. | | # |  |  |
| 9. | Machine should be grounded as per IS 3043:1987. | | # |  |  |
| 10. | Machine should be operated by competent person. | | # |  |  |

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