**Project Name:**

**Checklist No. …………**

**Make:**

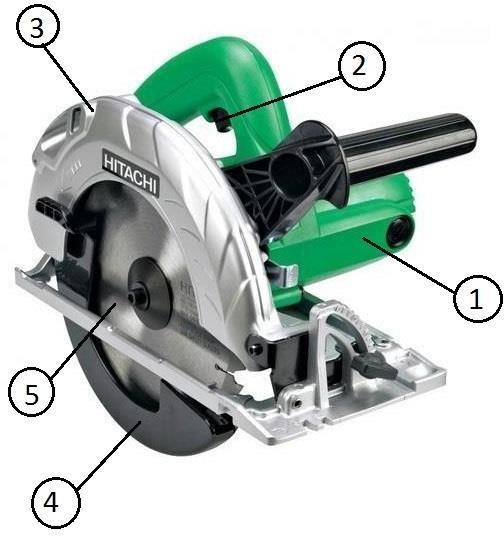
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**Checklist for Equipment Inspection**

* + - * **Project Code: Date:**
      * **Model:**
* **Hired Contractor**

****

| Equipment Name & Number: | | **31-CIRCULAR SAW** & | | | |
| --- | --- | --- | --- | --- | --- |
| **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. | On/off switch should be in proper condition. | | # |  |  |
| 3. | Fixed guard should be in good condition. | | # |  |  |
| 4. | Auto adjustable guard should be functional condition. | | # |  |  |
| 5. | Wheel should free from defect and rotating capacity should be marked. | | # |  |  |
| 6. | Power cable should be free from damage and connection taken through industrial plug. | | # |  |  |
| 7. | Machine should be double insulated or grounded. | | # |  |  |
| 8. | Always use designated key for changing wheel. | |  |  |  |
| 9. | Machine operated by competent person. | |  |  |  |



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