**Checklist for Equipment Inspection**

**Department:**

**Date:**

**Checklist No.**

**Model:**

**OPASCOR: Contractor:**

| Equipment Name & Number: | |  | | | |
| --- | --- | --- | --- | --- | --- |
| **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. | Physical condition of the 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 guards should be functional. | | # |  |  |
| 5. | Cutting wheel should free from defect and rotating  capacity should be marked, standard quality of cutting wheel used. | | # |  |  |
| 6. | Positioning screws should be in working condition. | | # |  |  |
| 7. | Power cable should be free from damage and connection taken through industrial plug. | | # |  |  |
| 8. | Machine should be double insulated or grounded. | | # |  |  |
| 9. | Always use a designated key for changing wheels. | |  |  |  |
| 10. | Machine operated by a competent person. | |  |  |  |



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