

Equipment Inspection Checklist

Project Name:
Checklist No.
Make:
OWN

Hired

Project Code:
Date:
Model:
Contractor

Equipment Name & Number:		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 with TPC.			



FIT	<input type="checkbox"/>	PARTIALLY FIT	<input type="checkbox"/>	UNFIT	<input type="checkbox"/>
Inspected By		Reviewed By			
Name:		Name:			
Signature with date:		Signature with date:			