



Stationary Grinders and Drill Press Inspection

DESCRIPTION						
Date Started:	/ /		Date		Date Completed:	/ /
	Year	Month			Year	Month Date
Main Purpose for the Inspection:						
Employee Name:					Checked By:	
Function Area:					Associated Areas:	
STATIONARY GRINDERS AND DRILL PRESSES						
A - Acceptable, NI - Needs Improvement, U - Unacceptable, N/A - Not Applicable						
No.	Item Description	A	NI	U	N/A	Comments
1	Area is kept clear of hazardous debris					
2	Adequate lighting is provided					
3	Equipment is properly secured (e.g. floor, bench)					
4	Equipment has appropriate on/off switch, no exposed wires and is in good working order (no grooves or discoloration)					
5	All covers and guarding are present (spark guards, tool rests, etc.)					
6	Personnel are using the proper PPE (full-face shield, hearing protection, gloves, etc.)					
7	Appropriate signage is present (PPE required, procedure reference, etc.)					
8	Personnel are properly trained to use all equipment					
9	Tool use is appropriate for the materials being worked on					
10	Personnel using the tool and adjacent personnel are not in the line of fire					
11	Ventilation is appropriate					
12	(add as appropriate)					