**Stationary Grinders and Drill Press Inspection**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DESCRIPTION** | | | | | | | | |
| **Date Started:** | | **/ /**  **Year Month Date** | | | | | **Date Completed:** | **/ /**  **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)* | |  |  |  |  |  | |