

														Week Ending			
Job:		Equipment No:															
Location:		Manufacturer:												Serial#:			
		Model:												Size:			
Date Inspected		Mon ___/___/___		Tue ___/___/___		Wed ___/___/___		Thu ___/___/___		Fri ___/___/___		Sat ___/___/___		Sun ___/___/___			
Inspector		Inspector		Inspector		Inspector		Inspector		Inspector		Inspector		Inspector			
Safety Checklist		Safe	Unsafe	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
<u>Hood</u>																	
Securely Fastened																	
Properly Aligned																	
<u>Glass Shield</u>																	
Cleaned																	
Unscored																	
In Place																	
<u>Work Rest</u>																	
Within 1/8" of wheel																	
Securely Clamped																	
<u>Frame</u>																	
Securely Mounted																	
No Vibration																	
<u>Wheel Face</u>																	
Well Lighted																	
Dressed Evenly																	
<u>Flanges</u>																	
Equal Size																	
Correct Diameter (1/2" Wheel Diameter)																	
<u>Speed</u>																	
Correct for Wheel Mounted																	
<u>Guard For Power Belt or</u>																	
In Place																	
Comments: All "NO", "LOW" or "UNSAFE" conditions must have <u>COMMENTS</u> and <u>BE CORRECTED BEFORE USING EQUIPMENT</u> .																	
Mon:																	
Tue:																	
Wed:																	
Thu:																	
Fri:																	
Sat:																	
Sun:																	