

Grinder Inspection Checklist

Name of Project:	
Area, Department, Jobsite being Inspected:	
Name of Operator or Inspector:	
Date and Time of Inspection:	
Machine / Equipment:	
Size, RPM, Peripheral Speed	
Make / Model No.	
Description of Work:	
Potenital Hazards:	

Required PPE

Type of PPE	Required		Comments
Eye Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hearing Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Safety Footwear	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Protective Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Face Sheild	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Welding Mask	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Safe Work Procedure Checklist

Pre - Operation	Confirm		Comments
Task is clearly understood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The appropriate disk is correctly placed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Work piece is securely clamped	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ensure guarding is in place on grinder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Wheel Guard is securely fastened and aligned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Face Shield is Clean, Un - scored and In - Place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Identify ON / OFF switch	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Work Rest within 1/8th inch of wheel and securely clamped	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Frame is securley mounted and has no vibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Date: _____ Inspector's Signature: _____ Dept: _____