

Facilities Management
 Occupational Health and Safety

Tool Inspection

 Shop # _____ Name of Inspector _____
 Location _____ Tool _____
 Tool ID# _____

Date of Inspection										
General Inspection Items	Y/N/NA									
Grounding/double insulation OK										
Plug and Cord free from defects										
Switch Operates Freely										
Guard in good repair and operates correctly										
No wobbles in shaft										
Adjustment tools available										
No burs/ damage to casing										
Attachments suitable (speed, size)										
Shafts/belts in good condition										
Proper storage available										
Shaft turns freely										
No grease, metallic dust on tool										
Ventilating slots are clean										
Certification: (Please initial)										

Notes

Please retain this form for one year for review by FM-Occupational Health and Safety