Logo	**Angle Grinder Inspection Checklist** **QHSE Forms** **Organization Name**	**Doc Ref #**: XYZ/IMS/QHSE/F/00 **Issue Date**: DD-MM-YYYY **Rev #**: 00

Checklist Sr. #: _____

Tool Name	Angle Grinder		**Manufacturer**	
Power Source	Power Lead ☐	Battery ☐	**Inspected On**	
Approved By			**Recheck On**	

Tick (✔) the correct answer

S/#	Criteria	Yes	No	Comments
1	The equipment is in good condition?			
2	The body of the equipment is without damage?			
3	The power cable is insulated & in good condition?			
4	The battery is in good condition, fully covered?			
5	On/Off button is working properly?			
6	Trigger button is working properly?			
7	Lock Button is working properly?			
8	Safety guard is in position, free of damage?			
9	The power plug of the equipment is, ok?			
10	The blade securing bolt is in good condition?			

Remarks

Prepared By	Approved By