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| **Inspection Check List for Welding and Cutting** |
| Date & time of Inspection: Location of Inspection: |
| Inspected by (Name of Safety Personal): Name of Execution Person: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Check points** | **Yes/**  **No** | **Corrective Action Required** | **Action By** | **Due Date** | **Status** |
| 1 | Ignition switch on and off are operational |  |  |  |  |  |
| 2 | Emergency engine shutdown is operational |  |  |  |  |  |
| 3 | Area ELCB is operational? |  |  |  |  |  |
| 4 | Area Power meter gauge apparatus are operational? |  |  |  |  |  |
| 5 | Fuel tank cap cover is in place |  |  |  |  |  |
| 6 | Are equipment equip with static grounding device? |  |  |  |  |  |
| 7 | Area Welding cable and connector are in good condition? |  |  |  |  |  |
| 8 | Spark arrestor is on place |  |  |  |  |  |
| 9 | Are leaks, or oil dips attended properly? |  |  |  |  |  |
| 10 | Area tire in good condition? |  |  |  |  |  |
| 11 | Are equipment equip with fire extinguisher. |  |  |  |  |  |
| 12 | Towing eye is properly secured. |  |  |  |  |  |
| 13 | Front manual jack in place? |  |  |  |  |  |

Checked By …………………………………………………………………………..Date…………………………….…

Signature

HSE Officer Operator / P & E Maintenance In-charge