**BATTERY DRILL  
INSPECTION CHECKLIST**

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| --- | --- | --- | --- | --- |
| **Site** | QE Hospital  Acute Towers | **Inspected by** |  | |
| **Location** | Site Wide | **Date** |  | |
| **Drill Reference** |  | **Signature** |  | |
|  | | | | |
| **Battery Drills** | | | | **Tick or NA or No** |
| Is the battery drill in good condition ? | | | |  |
| Is the battery charger in the box and in good condition ? | | | |  |
| Is there spare batteries in box and in good condition ? | | | |  |
| Is Pat test sticker on charger ? | | | |  |
| Is Pat test in date ? | | | |  |
| How many batteries are in box ? | | | |  |
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| **Recommendations / Observations** | | | | |