

Form Number LLCF-037	Issue Date 03/17/16	Revision Date 01/15/25	Form Number LLCF-037
	<b>Hand &amp; Power Tool Inspection</b>		

Job Number: \_\_\_\_\_

Type of

Tool: \_\_\_\_\_ ID or Serial#: \_\_\_\_\_

	Inspection	Yes / No	Comment
1.	Are all Power Tools of approved doubled-insulated type or grounded according to this procedure?		
2.	Are all qualified employees authorized and trained to operate all Power Tools?		
3.	Are all employee provided with appropriate Personal Protective Equipment when using Portable Tools and Equipment?		
4.	Are all defective Portable Tools and Equipment replaced, serviced, or repaired prior to use?		
5.	Are all tools and equipment, used by employees at their workplace, in good condition?		
6.	Are Power Tools used with the correct shield, guard, or attachment recommended by the manufacturer?		
7.	Are rotating or moving parts of equipment guarded to prevent physical contact?		

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_