

WELDER EQUIPMENT INSPECTION CHECKLIST

Welder Model and ID:	
Inspector's Name:	
Date of Inspection:	

Please indicate Yes or No to the questions below and comment accordingly to any issues.

#	Before commencing work check:	Yes	No	Comments
1.	The welding machine is in good overall condition?			
2.	The power cable is insulated and free from damage?			
3.	All the switches are free from defects?			
4.	The welding cables are secured and properly fitted?			



SAMPLE

SUBSCRIBE NOW AND GET FULL ACCESS



Final Safety Report	
Complete this report before to report any fault or safety observation during the safety inspection.	
Inspected by:	Date:
Inspected by:	Date:
Inspected by:	Date:
Inspected by:	Date:
Inspected by:	Date:
Inspected by:	Date:
Inspected by:	Date:
Inspected by:	Date:
Inspected by:	Date:
Inspected by:	Date: