

Portable Grinder Inspection Sheet

Inspection Date:

Inspector Name:

Location/Department:

Grinder Serial No:

Inspection Item	Yes	No	N/A	Comments
Tool and cord free from damage				
Guard in place and secure				
Switch working properly				
Wheel properly installed and undamaged				
Wheel RPM matches or is less than tool rating				
Flanges, nuts, and grommets secure and in place				
Personal Protective Equipment (PPE) available				
Work area clean and clear of hazards				
Other (specify)				

Inspector Signature:

Remarks: