

Power Tool Inspection Checklist

Inspector Name	Date	Tool Name	Model/Serial No.	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inspection Checklist

Item	Pass	Fail	N/A	Comments
Power cord & plug intact, no damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Tool housing free from cracks/damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Guards and safety features present/functional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Switches operate correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Moving parts well-lubricated, not worn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Labels and markings legible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Comments / Actions Required

Inspector Signature