

Welding Equipment Safety Inspection Form

Inspector Name

Date

Equipment ID/Serial No.

Location

Inspection Checklist

Item	Status	Comments
Welding Machine - General Condition	<input type="text"/>	<input type="text"/>
Cables and Connections	<input type="text"/>	<input type="text"/>
Electrode Holder / Torch	<input type="text"/>	<input type="text"/>
Ground Connection	<input type="text"/>	<input type="text"/>
PPE Availability	<input type="text"/>	<input type="text"/>
Fire Extinguisher Nearby	<input type="text"/>	<input type="text"/>

Additional Notes

Inspector Signature

Reviewed By

Review Date