

EQUIPMENT SAFETY CHECK REPORT FOR COATING

Project :
 Location :
 Date :

Coating Service :

I. APPLICATION EQUIPMENT

1 COMPRESSORS

Equipment # :
 Capacity :
 Brand :
 Year :

General Condition

Hourmeter	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
Pressure Gauge	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required

Test Drive

Running Test	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
Air Hose Connection	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
Set./opr Pressure	<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	<input type="checkbox"/> Not Required
Outlet Valves	<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	<input type="checkbox"/> Not Required
Valve Size	<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	<input type="checkbox"/> Not Required
Blotter Test	<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	<input type="checkbox"/> Not Required
Air Cooler	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required

Note

Sub. Total

Available check list

Sub. Result in Persen

###

%

2 SAND POT

Equipment # :

General Condition

Over all	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
----------	-------------------------------	---------------------------------	---------------------------------------

Capacity	:	<input type="text"/>	Pop-up	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Brand	:	<input type="text"/>	Oil/Water Trapper	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Year	:	<input type="text"/>	Hoses						
			Air Hose	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Blast Hose	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Clamp and Coupling	<input type="checkbox"/>	Proper	<input type="checkbox"/>	Not proper	<input type="checkbox"/>	Not Required
			Safety Pin	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Safety Wire	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Gasket	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Deadman Control	<input type="checkbox"/>	Proper	<input type="checkbox"/>	Not Proper	<input type="checkbox"/>	Not Required
			Lever Spring	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Lever Lock	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Button Bumper	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Automatic Lines	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Nylon Tie	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Blast Nozzle		Size				
			Condition	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Nozzle Holder	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Sub. Total	<input type="text" value="0"/>		<input type="text" value="0"/>		<input type="text" value="0"/>	
			Available check list	<input type="text"/>					
			Sub. Result in Persen		###		%		

Note

3 AIR FILTER

Equipment #	:	<input type="text"/>	General Condition						
Capacity	:	<input type="text"/>	Pressure Gauge	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			PSV	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Hoses	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Clamp and Coupling	<input type="checkbox"/>	Proper	<input type="checkbox"/>	Not Proper	<input type="checkbox"/>	Not Required
			Safety Pin	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Safety Wire	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Gasket	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
			Filter Catridge	<input type="checkbox"/>	Proper	<input type="checkbox"/>	Not Proper	<input type="checkbox"/>	Not Required

Note

	Expiry date	(dd/mm/yy)		
	Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
	Apron/Cape	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
	Hood Lens	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
	Breathing Air Hose	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
	Breathing Air Valve	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
	Sub. Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Available check list	<input type="text"/>		
Sub. Result in Persen		###	%	

4 AIR COOLER

Note 	Equipment #	:	<input type="text"/>	General Condition			
	Capacity	:	<input type="text"/>	Over All	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Hoses	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Clamp and Coupling	<input type="checkbox"/> Proper	<input type="checkbox"/> Not Proper	<input type="checkbox"/> Not Required
				Safety Pin	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Safety Wire	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Gasket	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Sub. Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
				Available check list	<input type="text"/>		
	Sub. Result in Persen		###	%			

5 AIR RECEIVER TANK

Note 	Equipment #	:	<input type="text"/>	General Condition			
	Capacity	:	<input type="text"/>	Pressure Gauge	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				PSV	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Hoses	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Clamp and Coupling	<input type="checkbox"/> Proper	<input type="checkbox"/> Not Proper	<input type="checkbox"/> Not Required
				Safety Pin	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Safety Wire	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Gasket	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Required
				Sub. Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

	Available check list	<input type="text"/>		
	Sub. Result in Persen	###	%	

6 AIRLESS PUMP

Equipment #	:	<input type="text"/>	General Condition			
Pump Ratio	:	<input type="text"/>	Pressure Gauge	<input type="text"/>	Good	<input type="text"/>
Note			Suction Hose	<input type="text"/>	Good	<input type="text"/>
			Spray Gun	<input type="text"/>	Good	<input type="text"/>
			Orifice Tip Nozzle			
			Hoses	<input type="text"/>	Good	<input type="text"/>
			Clamp and Coupling	<input type="text"/>	Proper	<input type="text"/>
			Safety Pin	<input type="text"/>	Good	<input type="text"/>
			Safety Wire	<input type="text"/>	Good	<input type="text"/>
			Gasket	<input type="text"/>	Good	<input type="text"/>
			Sub. Total	<input type="text"/>	0	<input type="text"/>
			Available check list	<input type="text"/>		<input type="text"/>
		Sub. Result in Persen	###	%		

7 POWER TOOL

Grinding Machine	:	<input type="text"/>	RPM	Paint Agitator	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required
Grinding Disc	:	<input type="text"/>	RPM	Grinding Machine	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required
Note				Safety Shield	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required
				Grinding Disc	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required
				Wire Brush Disc	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required
				Sub. Total	<input type="text"/>	0	<input type="text"/>	0	<input type="text"/>	0
				Available check list	<input type="text"/>					
			Sub. Result in Persen	###	%					

8 SUPPORT

	Scaffolding	<input type="text"/>	Proper	<input type="text"/>	Not Proper	<input type="text"/>	Not Required
		<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required

	Lighting	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Pneumatic	<input type="checkbox"/>	Not Required
		<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
	Sub. Total	<input type="text" value="0"/>		<input type="text" value="0"/>		<input type="text" value="0"/>	
	Available check list	<input type="text"/>					
Sub. Result in Persen				###	%		

9 STORAGE FACILITIES

	Storage System	<input type="checkbox"/>	Available	<input type="checkbox"/>	Not Required		
	Numbering	<input type="checkbox"/>	Available	<input type="checkbox"/>	Not Required		
	Stocking	<input type="checkbox"/>	Available	<input type="checkbox"/>	Not Required		
	Stuffing	<input type="checkbox"/>	Available	<input type="checkbox"/>	Not Required		
	FIFO System	<input type="checkbox"/>	Available	<input type="checkbox"/>	Not Required		
	MSDS	<input type="checkbox"/>	Available	<input type="checkbox"/>	Not Required		
	Material Inventory	<input type="checkbox"/>	Available	(Submit Copy)	<input type="checkbox"/>	Not Required	
	Ventilation	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Not Sufficient	<input type="checkbox"/>	Not Required
	Safety Sign	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Not Sufficient	<input type="checkbox"/>	Not Required
	Room Temperature	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Not Sufficient	<input type="checkbox"/>	Not Required
	Sub. Total	<input type="text" value="0"/>		<input type="text" value="0"/>		<input type="text" value="0"/>	
Available check list	<input type="text"/>						
Sub. Result in Persen			###	%			

10 INSPECTION TOOLS

Phsycrometer/Hygrometer	Type	:	<input type="text"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Dew Point Calculator/Table	Type	:	<input type="text"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Steel Surface Thermometer	Type	:	<input type="text"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Surface Profile Gauge	Type	:	<input type="text"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Surface Comparator Standard	Type	:	<input type="text"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Wet Film Thickness Gauge	Type	:	<input type="text"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Dry Film Thickness Gauge	Type	:	<input type="text"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Zero Plate & Shim Caliber	Type	:	<input type="text"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required
Holiday Test Detector	Type	:	<input type="text"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	Broken	<input type="checkbox"/>	Not Required

Probe	Type	:	<input type="text"/>	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required
Blotter Paper	Type	:	<input type="text"/>	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required
Bore Nozzle	Type	:	<input type="text"/>	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required
Neddle Pressure Gauge	Type	:	<input type="text"/>	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required
Chloride/Salt Test	Type	:	<input type="text"/>	<input type="text"/>	Good	<input type="text"/>	Broken	<input type="text"/>	Not Required

Sub. Total

0

0

0

Available check list

Sub. Result in Persen

###

%

checklistinspectors.com

Summary Result

1	Compressors	%
2	Sand Pot	%
3	Air Filter	%
4	Air Cooler	%
5	Air Receiver Tank	%
6	Airless Pump	%
7	Power Tool	%
8	Support	%
9	Storage Facilities	%
10	Inspection Tools	%
	Pre-mob Score	%

Recommendation

Inspector NK

Spv/ Foreman

(_____)

Name & Signature

Name & Signature

Name & Signature

Date :