



# CHECKLIST

## CRANE FARANA

Name of Project: - \_\_\_\_\_

Location: - \_\_\_\_\_ Identification No. :- \_\_\_\_\_ Date: \_\_\_\_\_

Sr.No.	Particular	Ok	Not Ok	NA	Remarks
1	Tower crane should be physically in good condition, free from defects				
2	Operator have suitable license/experience certificate				
3	Angle Indicator				
4	Load Chart (Name plate SWL board display)				
5	Load Hook and hook Safety Latch				
6	Condition of boom				
7	Leakage in hydraulic				
8	Condition Of Slings, Deshakil's, Wire rope.				
9	Lights & Indicator				
10	Safe load indicator				
11	Out riggers conditions				
12	Front Horn				
13	Reverse horn				
14	Tyre Pressure				
15	Crane should be have valid TPI (Form 11)				

Overall Remarks, if any: - \_\_\_\_\_

Name & Sign of Safety Officer: \_\_\_\_\_

Name & Sign of Project Manager: \_\_\_\_\_



# CHECKLIST

## BREAKER

Name of Project: - \_\_\_\_\_

Location: - \_\_\_\_\_ Identification No. :- \_\_\_\_\_ Date:- \_\_\_\_\_

Sr.No.	Particular	Ok	Not Ok	NA	Remarks
1	Chisel condition				
2	Tightness of chisel lock not				
3	Handle without any damage				
4	Condition of the body				
5	Trigger switch without damage				
6	Electric wire without cuts and joints				
7	Body earthing in case of metal body				
8	Power cable properly terminated with gland				
9	Any other points				

Overall Remarks, if any: - \_\_\_\_\_

Name & Sign of Safety Officer: \_\_\_\_\_

Name & Sign of Project Manager: \_\_\_\_\_



# CHECKLIST

## Electrical Drill Machine

Name of Project: - \_\_\_\_\_

Location: - \_\_\_\_\_ Identification No. :- \_\_\_\_\_ Date:- \_\_\_\_\_

Sr.No.	Particular	Ok	Not Ok	NA	Remarks
1	Body structure is in good condition				
2	Cable has double insulation				
3	Cable and plug are in good condition				
4	Drilling bit should be in good condition				
5	Equipment should be free from any defect like broken handle, broken parts etc.				
6	Industrial plug top available				
7	Condition and presence of the switch				
8					
10					

Overall Remarks, if any: - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Sign of Safety Officer: \_\_\_\_\_

Name & Sign of Project Manager: \_\_\_\_\_



## CHECKLIST

### MOBILE TOWER CRANE

Name of Project: - \_\_\_\_\_

Location: - \_\_\_\_\_ Identification No. :- \_\_\_\_\_ Date:- \_\_\_\_\_

Sr.No.	Particular	Ok	Not Ok	NA	Remarks
1	Tower crane should be physically in good condition, free from defects				
2	Foundation should be provided as per design				
3	Safe working load should be marked				
4	Counter weight should be properly fixed.				
5	Trolley condition should be good				
6	Limit switch should be provided and its working condition				
7	Sling, ropes should be free from defects				
8	D-shackle should be good condition				
9	Safety latch should be in hook				
10	Power cable should be free from damages and connection taken through industrial plug				
11	Operator have suitable license/experience certificate				
12	Tower crane should be physically good & should have valid TPI				
13	Load capacity chart displayed				
14	Earthing Provision				
	Horn				

Overall Remarks, if any: - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Sign of Safety Officer: \_\_\_\_\_

Name & Sign of Project Manager: \_\_\_\_\_



# CHECKLIST

## BREAKER

Name of Project: - \_\_\_\_\_

Location: - \_\_\_\_\_ Identification No. :- \_\_\_\_\_ Date:- \_\_\_\_\_

Sr.No.	Particular	Ok	Not Ok	NA	Remarks
1	Chisel condition				
2	Tightness of chisel lock not				
3	Handle without any damage				
4	Condition of the body				
5	Trigger switch without damage				
6	Electric wire without cuts and joints				
7	Body earthing in case of metal body				
8	Power cable properly terminated with gland				
9	Any other points				

Overall Remarks, if any: - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Sign of Safety Officer: \_\_\_\_\_

Name & Sign of Project Manager: \_\_\_\_\_



# CHECKLIST

## CRANE FARANA

Name of Project: - \_\_\_\_\_

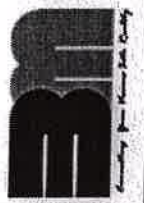
Location: - \_\_\_\_\_ Identification No. :- \_\_\_\_\_ Date:- \_\_\_\_\_

Sr.No.	Particular	Ok	Not Ok	NA	Remarks
1	Tower crane should be physically in good condition, free from defects				
2	Operator have suitable license/experience certificate				
3	Angle Indicator				
4	Load Chart (Name plate SWL board display)				
5	Load Hook and hook Safety Latch				
6	Condition of boom				
7	Leakage in hydraulic				
8	Condition Of Slings, Deshakil's, Wire rope.				
9	Lights & Indicator				
10	Safe load indicator				
11	Out riggers conditions				
12	Front Horn				
13	Reverse horn				
14	Tyre Pressure				
15	Crane should be have valid TPI (Form 11)				

Overall Remarks, if any: - \_\_\_\_\_

Name & Sign of Safety Officer: \_\_\_\_\_

Name & Sign of Project Manager: \_\_\_\_\_



# CHECKLIST GRINDING MACHINE

Name of Project: - \_\_\_\_\_

Date: - \_\_\_\_\_

Name of Contractor: - \_\_\_\_\_

Frequency: - \_\_\_\_\_

Sr. No.	Particular/ Identification No.																					
1	Fore handle without damage.																					
2	Wheel guard (covering 3/4th area).																					
3	Grinding wheel without any crack.																					
4	Rear handles without any damage.																					
5	Trigger switch without damage.																					
6	Presence of Switch lock																					
7	Electric wire without cuts and joints.																					

**Note:** If OK condition, tick right mark If not OK condition, tick mark cross

Overall Remarks, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Sign of Safety Officer: \_\_\_\_\_

Name & Sign of Project Manager: \_\_\_\_\_