HAND & POWER TOOL INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Hand Tool Condition

☐ Yes ☐ No — Handles are free of cracks, splinters, or sharp edges

☐ Yes ☐ No — Impact tools are free of mushroomed heads

☐ Yes ☐ No — Wrenches are not sprung or damaged

☐ Yes ☐ No — Cutting tools are sharp and free of nicks

Power Tool Safety

☐ Yes ☐ No — Power cords are intact without fraying or exposed wires

☐ Yes ☐ No — Grounding pins are present and undamaged

☐ Yes ☐ No — Switches and triggers operate smoothly and correctly

☐ Yes ☐ No — Casing is free of cracks or structural damage

Guards & Attachments

☐ Yes ☐ No — Safety guards are in place and functioning properly

☐ Yes ☐ No — Tool attachments are securely fastened

☐ Yes ☐ No — Rotating parts are properly shielded

☐ Yes ☐ No — Auxiliary handles are installed and secure

Operational Environment

☐ Yes ☐ No — Work area is dry and free of flammable materials

☐ Yes ☐ No — Proper PPE is available and in good condition

☐ Yes ☐ No — Tools are stored correctly when not in use

☐ Yes ☐ No — Battery packs are undamaged and charging correctly

FINAL NOTES

Inspector Comments:

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Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately