

TRANSFORMER INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Pre-Inspection Documentation and Setup

☐ Yes ☐ No — Inspection area and equipment match scheduled work scope

☐ Yes ☐ No — Relevant operating logs and previous inspection records are available

☐ Yes ☐ No — Work perimeter is clearly identified with appropriate warning barriers

☐ Yes ☐ No — Environmental conditions are suitable for thorough inspection

Physical and Structural Condition

☐ Yes ☐ No — Primary structural framing shows no cracks, bending, or damage

☐ Yes ☐ No — Anchors, fasteners, and mounting hardware are tight and intact

☐ Yes ☐ No — Protective coatings and finishes are free from severe corrosion

☐ Yes ☐ No — Housing panels and protective shields are securely mounted

Mechanical and Operational Components

☐ Yes ☐ No — Moving assemblies operate smoothly without binding or abnormal noise

☐ Yes ☐ No — Bearings and pivot joints show adequate lubrication and minimal play

☐ Yes ☐ No — Drive belts, chains, and couplings exhibit proper tension and alignment

☐ Yes ☐ No — Fluid lines and hydraulic connections show no signs of active leakage

Electrical and Control Systems

☐ Yes ☐ No — Electrical enclosures are closed with latches and seals intact

☐ Yes ☐ No — Wiring and conduit show no visible chafing, burning, or loose connections

☐ Yes ☐ No — Control switches and indicator lamps respond accurately to testing

☐ Yes ☐ No — Grounding conductors and bonding connections are firmly connected

Safety Devices and Emergency Controls

☐ Yes ☐ No — Emergency stop mechanisms function immediately when tested

☐ Yes ☐ No — Safety interlocks and warning horns operate according to design

☐ Yes ☐ No — Safety labels, danger placards, and instruction plates are legible

☐ Yes ☐ No — Fire protection and emergency response equipment are accessible

Housekeeping and Final Operational Verification

☐ Yes ☐ No — Inspection area is left clean and free of discarded debris or tools

☐ Yes ☐ No — Access points, walkways, and exit routes remain clear of obstructions

☐ Yes ☐ No — All temporary test equipment and bypasses have been safely removed

☐ Yes ☐ No — Equipment meets applicable manufacturer specifications

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately

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