

**Michigan Municipal Workers' Compensation Fund
Safety and Health Resource Manual**

**Hand and Power Tool
INSPECTION CHECKLIST**

Facility _____

Area _____

Auditor _____

Date _____

Area	Satisfactory		Action Required	Corrective Action (date)
Employee Knowledge	Yes	No		
Date Last Tool Training Hazards of faulty or improperly used tools Pre-Use Inspection Electrical Hazards Tool Adjustments Sharpening Procedures Proper Storage				
Program Administration				
Person Assigned for tool checkout / repair Designated Area for tool storage Respirators required when cutting fluid use creates mist				
Area Inspection				
Eye Hearing Protection Used Bench Grinders Adjusted Equipment mounted to floor Machining guards in place Warning signs posted in shops				

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Storage area neat, dry
Tools in good condition
Blades & cutting edges
sharp
Face Shields used at
grinders
Grinding wheels dressed
Rigging equipment tested

Notes: