

Inspection Information

Name of Site/Location	Austin	Frequency	Weekly
Name Of Contractor	NA	Responsible for checks	Mahesh
Date of First Deployment	3/3/2026 5:54:30 AM	Checked by & date during site EHS Risk Evaluation	Suraj 3/11/2026 5:54:30 AM
Date of Inspection	17-Mar-2026 12:01:59 PM	Machine Serial No:	NA

Inspection Type Attachment



Basic Details

Name of the Contractor: Contractor	Machine Serial No.: 123789
---	-----------------------------------

Checklist

Description	Yes	No	N/A	Observation Details
1.Tag or identification number of Air Compressor.				
2.Valid Test certificate Available				
3.Safety guards are in place				
4.Hoses been held firmly with clips / clamps				
5.Are there any damage / leak in the hoses?				
6.Whether the pressure gauges show the correct working pressure?				
7.Does the safety valve /air release at the set pressure?				
8.Does the moisture drain valve in the air cylinder functions well?				
9.Are the hose joints/sockets (Male/Female) properly engaged?				
10.Is there any visible crack in the air receiver?				
11.Is there leakage of diesel/ oil from machine?				
12.Whether the compressor starts properly?				

Overall Observation

Acceptable (Yes/No): N/A	If not acceptable - Equipment removed from site(Date) : NA	Corrective/Preventive action taken on (Date) : NA
---------------------------------	--	---

Inspection History

NA			
Created On	Created By	Comment	Attachments