

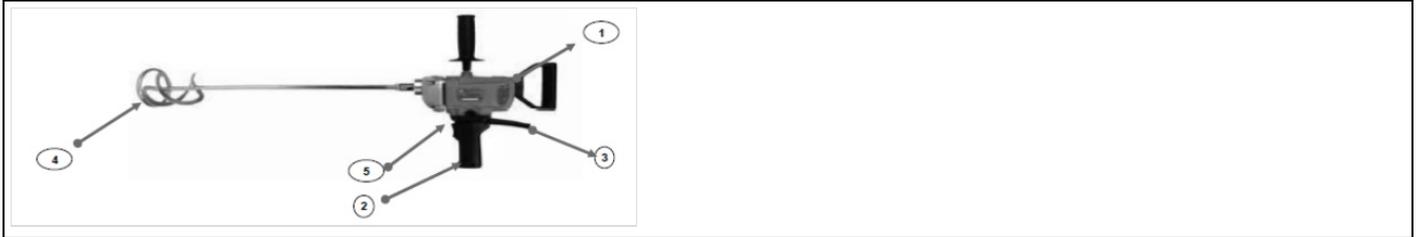
# Electric Mixer Machine Checklist

Ref No.: PI/EHS/C/47  
Issue date: 05/05/25  
Rev No: 00

## Inspection Information

|                          |                         |   |                           |
|--------------------------|-------------------------|---|---------------------------|
| Name of Site/Location    | Austin                  | Frequency   | Daily                     |
| Name Of Contractor       | Contractor              | Responsible for checks                            | Check                     |
| Date of First Deployment | 3/9/2026 12:31:33 PM    | Checked by & date during site EHS Risk Evaluation | Site 3/9/2026 12:31:33 PM |
| Date of Inspection       | 17-Mar-2026 06:02:28 PM | Machine Serial No:                                | 85963247                  |

## Inspection Type Attachment



## Checklist

| Description   | Yes | No | N/A | Observation Details |
|---|-----|----|-----|---------------------|
| 1. Equipment should be double insulated .(written in the machine body)                        |     |    |     |                     |
| 2. Equipment should be free from any defect like broken Handel, broken parts etc              |     |    |     |                     |
| 3. Cable condition (Any cut, wear etc) and presence of wire top plug with proper gland.       |     |    |     |                     |
| 4. Mixing bits used are high tensile SS.  |     |    |     |                     |
| 5. Condition and presence of the switch   |     |    |     |                     |
| 6. Machine is BIS/CE certified  |     |    |     |                     |
| 7. 30 mA ELCB/RCCB provided in power distribution board from where power is tapped            |     |    |     |                     |
| 8. Test tag from approved agency with validity date is available & pasted on the machine body |     |    |     |                     |
| 9. Any other point  |     |    |     |                     |

## Overall Observation

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

## Signatures

### Inspection Team

| Inspected by             | Name | Date | Status   |
|--------------------------|------|------|----------|
| Contractor's Electrician |      |      | Unsigned |
| Contractor's EHS         |      |      | Unsigned |
| PMC Site EHS             |      |      | Unsigned |

## Inspection History

| Created On | Created By | Comment | Attachments |
|------------|------------|---------|-------------|
|            |            |         |             |