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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Regular servicing as per maintenance checklist/major or minor repairs** | **Maintenance performed by company/business/individual** | **Time taken** | **Cost**  | **Tag-out (if required)** | **Tag removed and checked by** |
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## **Maintenance record – equipment/machinery**

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| **The below checks are recommended for equipment prior to or during a unit of work where the equipment will undergo moderate to heavy use.** |
| Equipment/machine checks  | **Date** |  / / |  / / |  / / |  / / | **Follow-up actions** |
| **Signature** |  |  |  |  |
|  | Tick or comment✓ | Tick or comment✓ | Tick or comment✓ | Tick or comment✓ | E.g. cracked blade replaced 03/18John Smith |
| Visual check of mains **electrical switches, wiring** and/or **conduit** (cracks, broken controls etc.) Arrange for immediate repair of any faults. |  |  |  |  |  |
| Verify **all guards** are secure and function correctly (check latches, locks, fasteners and/or interlocks). |  |  |  |  |  |
| Ensure **workspaces** and **walkways** are **clear** and **unobstructed** and that no **slip-hazards** are present. |  |  |  |  |  |
| Confirm availability and condition of **personal protective equipment.** |  |  |  |  |  |
| Conduct **close inspection** for damage to **switch gear.** Test **operation** of **switch gear** (proper function of switch controls) |  |  |  |  |  |
| Check **mops** for **damage** |  |  |  |  |  |
| Other: |  |  |  |  |  |
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| **End of semester checks**  | **Date**  |  / / |  / / | **Follow-up actions** |
| **Signature** |  |  |
| **Tick or comment****✓**  | **Tick or comment****✓**  | E.g. blade and pulley alignment adjusted 02/18John Smith |
| **Sem 1**  | **Sem 2** |
| Check availability of **spare parts** e.g. mops, buffing compounds, etc. |  |  |  |
| **Clear away** all dust from inside and around housings, etc. |  |  |  |
| Check **security** of all **fixed guards.**  |  |  |  |
| **Examine** bolts used for **mounting** the motor to the machine. Re-tighten if necessary. |  |  |  |
| Check the security of **machine mountings** to the floor or base block. |  |  |  |
| Other: |  |  |  |
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| **Annual check *Date*** ***Signature*** |  / / |
|  |
| **Tick or comment****✓** |
| Check condition of **50mm line markings** defining operator zones and access walkways. |  |
| **Review safety operating procedure** and **update** if necessary. |  |
| **Other:** |  |
| **Other:** |  |
| **Other:** |  |
| **Other:** |  |
| **Other:** |  |
| **Follow-up actions** e.g. Yellow line for operator zone repainted14/12 John Smith |
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