Format No.:

 Year:_____
 Area / Location: _____

INSPECTION	Date <u>(Frequency of inspection is quarterly defined in this format)</u>								
	С	N.C	С	N.C	С	N.C	С	N.C	
Check unit numbers, meter working properly									
Is there Diesel generate located at safe & secure location?									
Check around the body having any crakes, dents, corrosion on it?									
Diesel generate is properly cleaned? It should be dust free.									
Is there fuel is leakages from tank? Is there any evidence found?									
Diesel generator should be covered by Diesel generator enclose to reduce noise level? Is there installed? Or if not noise level in control?									
Diesel generator vibrating when it is running condition?									
All electrical Appliances are properly guarded, its there any appliances are damage found?									
All the rotate parts are protected by guards									
INSPECTORS NAME & SIGNATURE	MAINTENANCE PEOPLE (Acknowledge of repairing)					SAFETY OFFICER SINGATURE			
					ł	ENVIRONMENT HEALTH & SAFETY – MANAGER			

• LEGEND : C = COMPLIED / N.C=NON COMPLIANCE

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