HAND TOOL INSPECTION CHECKLIST

Format No. :
Rev. No. :
Rev. Date. :

Location / Area: _____ Date of Inspection: _____

Tool User: _____ General Frequency: _____

Inspection Conditions

Checklist						
Hand Tools / item	Checked		Checked		Checked	
	Date	OK / Not Ok	Date	OK / Not Ok	Date	OK / Not Ok
Inspected by – Signature						
Safety Manager - Signature						
Maintenance Manager - Signature						