Power Tool Inspection Checklist

Pre-Use Safety Verification & Documentation

OSHA-Compliant Tool Safety Inspection Forms

About This Checklist

Power tools must be inspected before each use to ensure they are safe to operate. Defective tools can cause serious injuries including lacerations, amputations, electrical shock, and eye injuries. This checklist helps document pre-use inspections and maintain compliance with OSHA requirements.

This checklist covers inspection points for:

- Circular Saws & Miter Saws
- Drills & Impact Drivers
- Grinders & Sanders
- Reciprocating Saws & Jigsaws
- Pneumatic & Powder-Actuated Tools
- General Power Tool Requirements

OSHA Standard: 29 CFR 1926.302 requires employers to be responsible for the safe condition of tools and equipment used by employees.

■ CRITICAL SAFETY REQUIREMENT

NEVER operate a power tool that fails any inspection item. Tag the tool as "OUT OF SERVICE" and remove it from the work area immediately. Report defective tools to your supervisor for repair or replacement.

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General Power Tool Inspection

Tool Type/Description: _____ Asset/Serial #: _____

Manufacturer: _____ Model: _____ Inspection Date: _____

Inspector Name: _____ Job Site/Location: _____

STATUS KEY: P = Pass F = Fail (Do Not Use) N/A = Not Applicable

POWER CORD & ELECTRICAL (Corded Tools)

Power cord free from cuts, fraying, or exposed wires	☐ P	☐ F	☐ N/A
Plug prongs intact and not bent or damaged	☐ P	☐ F	☐ N/A
Ground prong present and intact (3-prong plug)	☐ P	☐ F	☐ N/A
Strain relief at tool and plug connections secure	☐ P	☐ F	☐ N/A
No signs of electrical tape repairs on cord	☐ P	☐ F	☐ N/A
Cord insulation not cracked, melted, or deteriorated	☐ P	☐ F	☐ N/A
GFCI protection available and functioning	☐ P	☐ F	☐ N/A

BATTERY & CHARGER (Cordless Tools)

Battery housing free from cracks or damage	☐ P	☐ F	☐ N/A
Battery contacts clean and free of corrosion	☐ P	☐ F	☐ N/A
Battery securely locks into tool	☐ P	☐ F	☐ N/A
No signs of swelling, leaking, or overheating	☐ P	☐ F	☐ N/A
Charger cord and connections in good condition	☐ P	☐ F	☐ N/A
Battery charge level adequate for task	☐ P	☐ F	☐ N/A

HOUSING & BODY

Housing free from cracks or damage	☐ P	☐ F	☐ N/A
All screws and fasteners tight and secure	☐ P	☐ F	☐ N/A
Handles intact and providing secure grip	☐ P	☐ F	☐ N/A
Ventilation openings clear and unobstructed	☐ P	☐ F	☐ N/A
No missing covers or guards	☐ P	☐ F	☐ N/A
Labels and warnings legible	☐ P	☐ F	☐ N/A

Saws Inspection Checklist

Saw Type: ■ Circular ■ Miter ■ Reciprocating ■ Jigsaw ■ Table ■ Band

Model/Serial: _____ Date: _____ Inspector: _____

STATUS KEY: P = Pass F = Fail N/A = Not Applicable

BLADE & CUTTING COMPONENTS

Blade sharp and free from cracks, chips, or missing teeth	☐ P	☐ F	☐ N/A
Blade securely mounted and tightened	☐ P	☐ F	☐ N/A
Correct blade type and size for the tool	☐ P	☐ F	☐ N/A
Blade rated for material being cut	☐ P	☐ F	☐ N/A
Blade arbor hole matches spindle size	☐ P	☐ F	☐ N/A
Blade rotation direction matches tool direction	☐ P	☐ F	☐ N/A
Blade does not wobble during operation	☐ P	☐ F	☐ N/A

GUARDS & SAFETY DEVICES

Upper blade guard present and secure (circular saws)	☐ P	☐ F	☐ N/A
Lower retractable guard moves freely and returns automatically	☐ P	☐ F	☐ N/A
Guard not cracked, bent, or damaged	☐ P	☐ F	☐ N/A
Anti-kickback device functional (table saws)	☐ P	☐ F	☐ N/A
Riving knife/splitter properly aligned (table saws)	☐ P	☐ F	☐ N/A
Blade guard covers blade when not cutting	☐ P	☐ F	☐ N/A
Guard mounting hardware tight	☐ P	☐ F	☐ N/A

BASE, FENCE & ADJUSTMENTS

Base plate/shoe flat and not bent or cracked	☐ P	☐ F	☐ N/A
Bevel and depth adjustments lock securely	☐ P	☐ F	☐ N/A
Fence/guide parallel and locks in position	☐ P	☐ F	☐ N/A
Miter gauge operates smoothly (miter/table saws)	☐ P	☐ F	☐ N/A
Dust collection port clear and functional	☐ P	☐ F	☐ N/A
Work surface clean and free of debris	☐ P	☐ F	☐ N/A

Operational Test & Controls

Tool Type/Description: _____ Asset/Serial #: _____

Inspector Name: _____ Inspection Date: _____

STATUS KEY: P = Pass F = Fail (Do Not Use) N/A = Not Applicable

OPERATIONAL TEST

Tool starts and stops properly	☐ P	☐ F	☐ N/A
No unusual vibration during operation	☐ P	☐ F	☐ N/A
No unusual sounds (grinding, squealing, clicking)	☐ P	☐ F	☐ N/A
Blade/bit spins true without wobble	☐ P	☐ F	☐ N/A
Brake stops blade/disc promptly (if equipped)	☐ P	☐ F	☐ N/A
Motor runs smoothly at all speed settings	☐ P	☐ F	☐ N/A
Tool does not overheat during normal use	☐ P	☐ F	☐ N/A
No sparking from motor or electrical components	☐ P	☐ F	☐ N/A
Clutch engages at proper torque settings (if equipped)	☐ P	☐ F	☐ N/A

CONTROLS & SAFETY FEATURES

On/Off switch operates properly	☐ P	☐ F	☐ N/A
Trigger lock or safety switch functions correctly	☐ P	☐ F	☐ N/A
Variable speed control works (if equipped)	☐ P	☐ F	☐ N/A
Forward/Reverse switch operates smoothly	☐ P	☐ F	☐ N/A
Lock-off button engages properly	☐ P	☐ F	☐ N/A
Spindle lock engages correctly (if equipped)	☐ P	☐ F	☐ N/A
Depth/torque adjustments function properly	☐ P	☐ F	☐ N/A
All adjustment locks hold securely	☐ P	☐ F	☐ N/A

REQUIRED PPE FOR OPERATION

Safety glasses or face shield available	☐ P	☐ F	☐ N/A
Hearing protection available (if noise levels exceed 85 dB)	☐ P	☐ F	☐ N/A
Work gloves appropriate for task (not for rotating tools)	☐ P	☐ F	☐ N/A
Dust mask/respirator available (if generating dust/particles)	☐ P	☐ F	☐ N/A
Steel-toed boots worn	☐ P	☐ F	☐ N/A
No loose clothing, jewelry, or unsecured long hair	☐ P	☐ F	☐ N/A

Drills, Grinders & Sanders Inspection

Tool Type: ■ Drill ■ Impact Driver ■ Hammer Drill ■ Angle Grinder ■ Bench Grinder ■ Sander

Model/Serial: _____ Date: _____ Inspector: _____

STATUS KEY: P = Pass F = Fail N/A = Not Applicable

DRILLS & IMPACT DRIVERS

Chuck jaws grip bit securely without slipping	☐ P	☐ F	☐ N/A
Chuck key (if keyed) available and in good condition	☐ P	☐ F	☐ N/A
Keyless chuck operates smoothly	☐ P	☐ F	☐ N/A
Side handle secure (if equipped)	☐ P	☐ F	☐ N/A
Depth stop functions properly (if equipped)	☐ P	☐ F	☐ N/A
Clutch settings engage correctly (drills)	☐ P	☐ F	☐ N/A
Hammer function engages/disengages (hammer drills)	☐ P	☐ F	☐ N/A

ANGLE & BENCH GRINDERS

Grinding wheel/disc free from cracks or chips	☐ P	☐ F	☐ N/A
Wheel rated for tool's maximum RPM	☐ P	☐ F	☐ N/A
Wheel guard in place and properly positioned	☐ P	☐ F	☐ N/A
Flange and lock nut tight and secure	☐ P	☐ F	☐ N/A
Side handle installed and secure (angle grinders)	☐ P	☐ F	☐ N/A
Tool rest positioned within 1/8" of wheel (bench grinders)	☐ P	☐ F	☐ N/A
Tongue guard within 1/4" of wheel (bench grinders)	☐ P	☐ F	☐ N/A
Ring test performed on vitrified wheels	☐ P	☐ F	☐ N/A
No glazing or loading on wheel surface	☐ P	☐ F	☐ N/A

SANDERS (Belt, Orbital, Random Orbital)

Sanding pad/platen flat and not worn	☐ P	☐ F	☐ N/A
Dust collection bag/port clear and attached	☐ P	☐ F	☐ N/A
Belt tracking adjustment works (belt sanders)	☐ P	☐ F	☐ N/A
Belt tension correct (belt sanders)	☐ P	☐ F	☐ N/A
Sandpaper/disc securely attached	☐ P	☐ F	☐ N/A
Hook-and-loop surface grips properly	☐ P	☐ F	☐ N/A
No excessive vibration during operation	☐ P	☐ F	☐ N/A

Pneumatic Tools Inspection

Tool Type: ■ Nail Gun ■ Stapler ■ Impact Wrench ■ Air Ratchet ■ Other Air Tool

Model/Serial: _____ Date: _____ Inspector: _____

STATUS KEY: P = Pass F = Fail N/A = Not Applicable

PNEUMATIC (AIR-POWERED) TOOLS

Air hose free from cuts, cracks, or bulges	☐ P	☐ F	☐ N/A
Hose connections tight and secure	☐ P	☐ F	☐ N/A
Quick-connect fittings locking properly	☐ P	☐ F	☐ N/A
Safety clips/pins on hose connections in place	☐ P	☐ F	☐ N/A
Air pressure regulator set to tool specifications	☐ P	☐ F	☐ N/A
In-line filter/lubricator functional (if required)	☐ P	☐ F	☐ N/A
Tool housing free from damage	☐ P	☐ F	☐ N/A
Trigger and safety mechanism operate correctly	☐ P	☐ F	☐ N/A
Exhaust port clear and directed away from operator	☐ P	☐ F	☐ N/A

NAIL GUNS & STAPLERS

Contact safety tip moves freely and returns	☐ P	☐ F	☐ N/A
Sequential trigger mode available and working	☐ P	☐ F	☐ N/A
Magazine latches securely	☐ P	☐ F	☐ N/A
No jammed fasteners in magazine or nose	☐ P	☐ F	☐ N/A
Nose piece/driver blade not worn or damaged	☐ P	☐ F	☐ N/A
Depth adjustment functions properly	☐ P	☐ F	☐ N/A
Anti-dry fire mechanism works (if equipped)	☐ P	☐ F	☐ N/A

Powder-Actuated Tools Inspection

Tool Type: ■ Direct Acting (Piston) ■ Indirect Acting (Captive Piston) ■ Low Velocity ■ High Velocity

Manufacturer: _____ Model: _____ Serial #: _____

Inspection Date: _____ Inspector Name: _____ Job Site: _____

STATUS KEY: P = Pass F = Fail N/A = Not Applicable

■ OPERATOR CERTIFICATION REQUIRED

Only trained and certified operators may use powder-actuated tools. Certification must be current and issued by the tool manufacturer or an authorized training provider.

OPERATOR CERTIFICATION VERIFICATION

Operator certification card present and valid	☐ P	☐ F	☐ N/A
Certification issued by tool manufacturer or authorized provider	☐ P	☐ F	☐ N/A
Certification not expired	☐ P	☐ F	☐ N/A
Operator trained on this specific tool model	☐ P	☐ F	☐ N/A
Tool manufacturer's manual available on site	☐ P	☐ F	☐ N/A

TOOL CONDITION & SAFETY DEVICES

Barrel/bore clean and free of obstructions	☐ P	☐ F	☐ N/A
Firing pin in good condition, not worn or damaged	☐ P	☐ F	☐ N/A
Safety devices function correctly	☐ P	☐ F	☐ N/A
Shield/guard present and properly attached	☐ P	☐ F	☐ N/A
Spall guard in place (for use on concrete/masonry)	☐ P	☐ F	☐ N/A
Tool not modified from manufacturer specifications	☐ P	☐ F	☐ N/A
All fasteners and components secure	☐ P	☐ F	☐ N/A

POWER LOADS & FASTENERS

Correct power load (color) selected for material and application	☐ P	☐ F	☐ N/A
Power loads stored in original container	☐ P	☐ F	☐ N/A
Power loads not damaged, wet, or corroded	☐ P	☐ F	☐ N/A
Correct fastener type and length for application	☐ P	☐ F	☐ N/A
Fasteners appropriate for base material	☐ P	☐ F	☐ N/A
Minimum edge distance requirements known and followed	☐ P	☐ F	☐ N/A

Inspection Result & Sign-Off

TOOL IDENTIFICATION

Tool Type/Description: _____ Asset/Serial #: _____

Manufacturer: _____ Model: _____ Inspection Date: _____

Job Site/Location: _____

OPERATOR CERTIFICATION DETAILS (Powder-Actuated Tools Only)

Certification #: _____ Issuing Organization: _____

Issue Date: _____ Expiration Date: _____

INSPECTION RESULT

☐ **PASSED – Tool is approved for use**

All inspection items passed. Tool may be placed into service.
Next inspection due: _____

☐ **FAILED – Tool removed from service**

One or more inspection items failed. Tool must be tagged "OUT OF SERVICE" and removed from work area immediately. Do not use until repaired and re-inspected.

Deficiency noted: _____

SIGNATURES & APPROVALS

INSPECTOR

Print Name: _____

Signature: _____

SUPERVISOR REVIEW (if required)

Print Name: _____

Signature: _____

NOTES / CORRECTIVE ACTIONS: