



AIR COMPRESSOR INSPECTION CHECKLIST

FACULTY							
PERSON IN CHARGE				DESIGNATION			
LABORATORY				CONTACT NO			
PURPOSE	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Improvement	DATE OF INSP.			
MODEL				PMT NO			
JKKP C.F NO		VALIDITY		INSP. RESULT	GOOD	FAIR	POOR

A	AIR RECEIVER CHECKLIST	GOOD	DEFECT	REMARKS
1	Are compressor equipped with pressure gauges and springloaded safety valves?			
2	Are compressor provided with a drain valve and removal of accumulated oil and water?			
3	Observed that the receiver is cutting out at the correct maximum presurre?			
4	Is there any external signs of damage to the receiver or component parts?			
5	Are safety devices on compressor air systems checked frequently ?			
6	Check for leaks on receiver, fittings, delivery lines and coupling?			
7	Are air filters installed on the compressor intake ?			
8	Are all pulley guards in place and secure?			
9	Is the motor pulley and flywheel in line?			
10	Check crankcase oil & top up if required?			
11	Is equipment securely installed?			
12	Is the power supplied via ELCB?			

DETAILS	INSPECTED BY OSH UNIT		SIGNATURE		
Name					
Designation					
FPJB					
Contact No.		Date		Time	

DETAILS	ACKNOWLEDGED BY SENIOR ASSISTANT ENGINEER		SIGNATURE		
Name					
Designation					
FPJB					
Contact No.		Date		Time	