

WELDING EQUIPMENT DAILY PRE-USE INSPECTION SHEET  
 Operator must complete checklist prior to use at start of each shift

**Project:** \_\_\_\_\_ **Project#:** \_\_\_\_\_ **Contractor:** \_\_\_\_\_

**Welder #:** \_\_\_\_\_ **Hour Meter:** \_\_\_\_\_ **Worker Name:** \_\_\_\_\_

**Week Ending:** \_\_\_\_\_

Initials	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A
<b>PPE</b>														
Face Shield														
Flame Resistant Clothing														
Gloves														
Footwear														
Respiratory Protection														
Hearing Protection														
<b>WHMIS/SDS</b>														
Data Sheets														
Additional PPE														
Additional Equipment														
<b>Oxy/Fuel</b>														
Flashback Prevention														
Fittings														
Cylinder Condition														
Cylinder Securement														
Hoses														
Regulators														
<b>Electrical</b>														
Cables														
GFCI														
Electrode Holder														
Ground Clamp														
Generator														
Outlet														
<b>Area</b>														
Wet/Ice														
Combustibles														
Fire Extinguisher														
Debris														
<b>Comments:</b>														