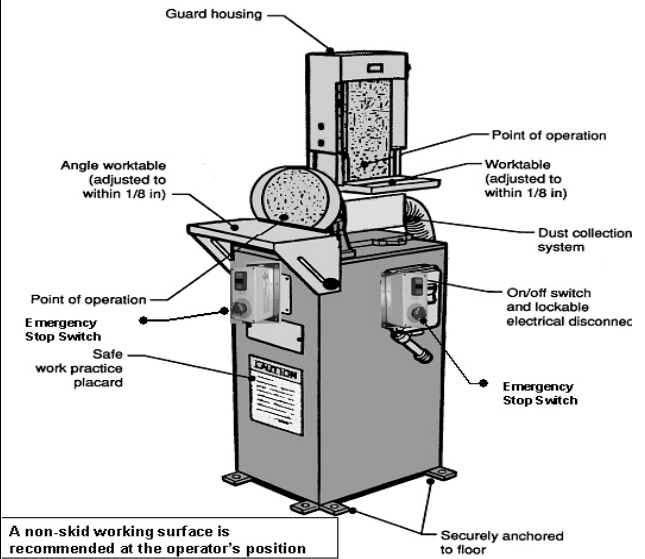


## Belt / Disc Sander Survey

Machine Owner	Worksite
Surveyor's Name:	Date of Survey: ____/____/20____
Supervisor's Name:	Room Name or Number:
Machine Manufacturer:	
Model #:	Serial #
Supply Voltage:	Number of supply phases (circle one) <b>1 or 3</b>
Horsepower:	Full Load Amps:



	Yes	No	N/A
1. Does the machine have an upper disc guard?			
2. Does the machine need a lower disc guard?			
3. Does the machine have an upper belt guard?			
4. Does the machine have a lower belt guard?			
5. Is the power transmission system properly guarded?			
6. Does the machine have a latching, red, mushroom shaped E- stop that controls the motor?			
7. Does the machine have power outage protection?			
8. Are the electrical system, wires and plug ends compliant?			
9. Is the machine securely anchored to the floor?			
10. Does the machine have a high-friction coating at both operator's positions on the floor?			

Notes

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