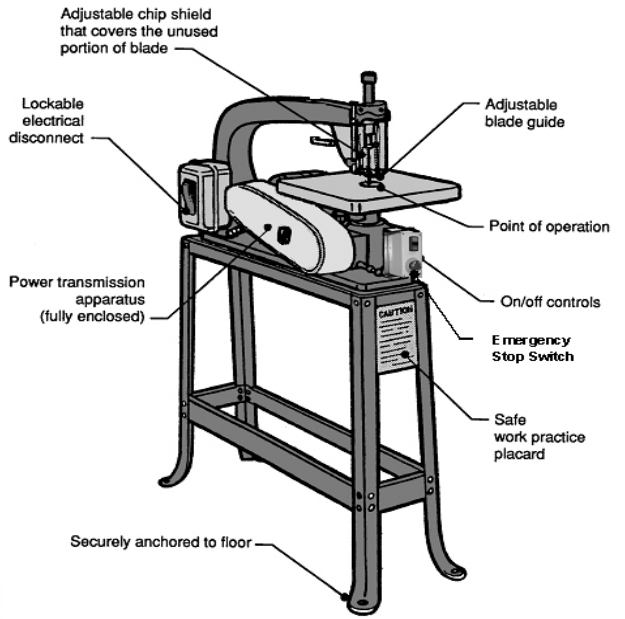


Scroll Saw Survey

| | |
|-----------------------|---|
| 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) 1 or 3 |
| Horsepower: | Full Load Amps: |



| | Yes | No | N/A |
|--|-----|----|-----|
| 1. Are the power transmission components guarded? | | | |
| 2. Does machine have OEM finger guards? | | | |
| 3. Does machine have an compliant table insert? | | | |
| 4. Does machine have a chip shield? | | | |
| 5. Does the machine have a lower blade guard? | | | |
| 6. Does the machine have a latching, red, mushroom shaped E- stop that controls the motor? | | | |
| 7. Are the electrical system, wires and plug ends acceptable? | | | |
| 8. Can the machine be securely isolated from its power source? | | | |
| 9. Is the machine secured to prevent walking or moving? | | | |
| | | | |
| | | | |

Notes
