



Site :-

Date :-

Location :-

Forman/Supervisor :-

CHECKLIST FOR GAS CUTTING SET

Name of Contractor :- M/s

| | | YES | NO | NA |
|----|---|--------------------------|--------------------------|--------------------------|
| 1 | Are Trolley provided for Gas Cylinder & Cylinder secured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Are Gas Cylinders in upright position? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Are Regulator tightened properly to neck of the Cylinder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Are proper Pressure Gauges provided & in working condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Are Flash back arrestor provided at Cylinder / Cutting torch? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Is there any gas leakage through Regulator / Hose pipe / Cutting torch? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Are proper clips provided for tightening hose pipe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Is Spark ignition lighter used to ignite the cutting torch? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Are Tip Cleaner used to clean Gas Cutting Nozzle? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Is Approved Hot Work Permit with worker? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Are Fire Bucket / Fire Extinguisher available near work area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Prepared By :-

Verified By :-

Name:-

Name :

Signature :-

Signature