



## Welding Machine Inspection

**Company:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

### Butt Welding Machine

**Manufacturer:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_  
**Type:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
**Low / Med / High Pressure:** \_\_\_\_\_ **Manual / Semi / Auto:** \_\_\_\_\_

### Quality Requirements

<b>Markings</b>	Acceptable		<b>Comments</b>
	Yes	No	
<input type="checkbox"/> Manufacturers Name	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Type of Machine	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Year of Manufacture	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Safety Warnings	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Frame</b>	Acceptable		<b>Comments</b>
	Yes	No	
<input type="checkbox"/> Appearance - corrosion, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Hydraulics - leaks, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Clamps - complete, nuts, 80 %, sharp edges, circular etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Inserts - complete, 80 %, sharp edges, circular, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Stub Holder	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Rigidity and alignment	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Opening stroke and daylight area	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Lubrication System	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Handling Devices - handles, eye bolts, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Anchoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Hydraulic Unit:</b>	Acceptable		<b>Comments</b>
	Yes	No	
<input type="checkbox"/> Appearance	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Oil Leaks	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Hoses	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Pressure regulator - SANS 2503	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Pressure Gauge - SANS 1062	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Pressure control requirements - max pressure, equalization, reserve, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Hydraulic Oil	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Electrical / Electronics - SANS 60335-2-45, SANS 60669-2-1 and SANS 214-1 where applicable	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Pressure gauge Calibration Report	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Timing Control	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Planer</b>	Acceptable		<b>Comments</b>
	Yes	No	
<input type="checkbox"/> Appearance	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Plane-parallelism	<input type="checkbox"/>	<input type="checkbox"/>	_____

- o Blades
- o Safety Switch
- o Electrical / Electronics - SANS 60335-2-45, SANS 60669-2-1 and SANS 214-1 where applicable
- o Handling Devices - handles, eye bolts, lifting devices, etc.
- o Shaving visibility

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

**Heated Tools:**

- o Appearance
- o Handling Devices - handles, eye bolts, lifting devices, etc.
- o Cables - thermal insulation, etc.
- o Storage - protective containers
- o Plane-parallelism
- o Self Centring
- o Bead Visibility
- o Effective working area (info Plate)
- o Surface coating - roughness, thickness, colour, and 1hr 260 °C test.
- o Temperature deviations
- o Temperature gauge Calibration Report

Yes	No	Comments
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

**Documentation (in English):**

- o Booklet with description of the functional features and machine performance specifications
- o Operating instructions
- o Welding Tables
- o Maintenance instructions, including details of statutory safety inspections
- o Servicing and calibration instructions.
- o Manufacturers ISO 9001:2008 Certificate

Yes	No	Comments
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

**Weld Reports**

- o Name of Welder
- o Weld Number
- o Job number or site name
- o Date, time and ambient temperature
- o Machine details
- o Product Info
- o Welding parameters against recorded parameters

Yes	No	Comments
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

**Other**

- o Personal Protective Equipment
- o Protective Equipment (tent, etc)

Yes	No	Comments
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Checked: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Audited: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_