

Authorized User Evaluation Checklist for PEDESTAL GRINDER

User Name: _____ **Badge #** _____

Test Location: _____

Safety

User	YES	NO	Notes
Propped shop door open upon entering shop.	<input type="checkbox"/>	<input type="checkbox"/>	
Wore ANSI-approved safety eyewear upon entering shop.	<input type="checkbox"/>	<input type="checkbox"/>	
Observed standard shop safety procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
Maintained awareness of activity in surrounding area	<input type="checkbox"/>	<input type="checkbox"/>	
Did not wear jewelry or loose clothing while operating machine	<input type="checkbox"/>	<input type="checkbox"/>	
Kept hands at a safe distance from moving machine parts.	<input type="checkbox"/>	<input type="checkbox"/>	
Used vises or clamps to hold work pieces.	<input type="checkbox"/>	<input type="checkbox"/>	
Removed sharp edges from machined part	<input type="checkbox"/>	<input type="checkbox"/>	
Was aware of the various machine controls (start, stop, speed-change) on the machine.	<input type="checkbox"/>	<input type="checkbox"/>	
Machine safety guards were in place during machining operation.	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaned up work area before leaving the shop.	<input type="checkbox"/>	<input type="checkbox"/>	
Used only brushes, vacuums or special tool for machine clean up.	<input type="checkbox"/>	<input type="checkbox"/>	
Asked few or no question pertaining to safety rules or guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	

Comments





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Usability

User	YES	NO	Notes
Demonstrated working knowledge of the Pedestal Grinder.	<input type="checkbox"/>	<input type="checkbox"/>	
Set up machine for operation/task with little or no assistance.	<input type="checkbox"/>	<input type="checkbox"/>	
Dressed wheel correctly for grinding operation/task.	<input type="checkbox"/>	<input type="checkbox"/>	
Selected proper holding device for operation/task	<input type="checkbox"/>	<input type="checkbox"/>	
Machine guarding was in place during machining operation/ task.	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrated correct part holding during machining task.	<input type="checkbox"/>	<input type="checkbox"/>	
Turned on dust collecting unit.	<input type="checkbox"/>	<input type="checkbox"/>	
Work rest was adjusted within 1/8", Upper guard adjusted to within 1/4".	<input type="checkbox"/>	<input type="checkbox"/>	
Measured work piece after machine had completely stopped.	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrated comprehensive knowledge for task completion.	<input type="checkbox"/>	<input type="checkbox"/>	
Completed machining task/operation successfully.	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrated working knowledge of correct wheel speed.	<input type="checkbox"/>	<input type="checkbox"/>	
Asked few or no question pertaining to machining operation/task/setup.	<input type="checkbox"/>	<input type="checkbox"/>	

Comments

Participant Passed Not Passed

JJC Evaluator: _____ Date: _____

