

**Authorized User Evaluation Checklist for BELT SANDER**

**User Name:** \_\_\_\_\_ **Badge #** \_\_\_\_\_

**Test Location:** \_\_\_\_\_

**Safety**

| <b>User:</b>  | <b>YES</b>               | <b>NO</b>                | <b>Notes</b> |
|---|--------------------------|--------------------------|--------------|
| 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"/> |              |
| <b>Comments</b>   |                          |                          |              |
|   |                          |                          |              |





**Authorized User Evaluation Checklist for BELT SANDER**

**Usability**

| User:  | YES                      | NO                       | Notes |
|--|--------------------------|--------------------------|-------|
| Demonstrated working knowledge of belt sanding machine.                    | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Set up machine for operation/task with little or no assistance.            | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Used proper holding devices for short parts during sanding operation/task. | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Turned on exhaust unit for sanding operation/task                          | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Machine guarding was in place during sanding operation/ task.              | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Demonstrated correct working knowledge of belt sanders functions.          | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Used correct holding devices (where needed).                               | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Adjusted safety shields to protect from flying sparks and/or dust.         | <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 sanding task/operation successfully.                             | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Demonstrated working knowledge of proper belt direction.                   | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Asked few or no question pertaining to the sanding operation/task/setup.   | <input type="checkbox"/> | <input type="checkbox"/> |       |

**Comments**

Participant  Passed  Not Passed

JJC Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

