

CONSTRUCTION COMPRESSOR INSPECTION

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

General Condition

- ☐ Yes ☐ No — Exterior is clean and free from visible damage or rust
- ☐ Yes ☐ No — Identification labels and safety decals are intact and legible
- ☐ Yes ☐ No — No signs of oil or fluid leaks beneath or around the unit
- ☐ Yes ☐ No — Mounting and frame are stable and undamaged

Engine Components

- ☐ Yes ☐ No — Engine oil level is within acceptable range
- ☐ Yes ☐ No — Air filters are clean and properly seated
- ☐ Yes ☐ No — Fuel system is leak-free and properly connected
- ☐ Yes ☐ No — Cooling system (radiator, hoses) is in good condition

Compressor Operation

- ☐ Yes ☐ No — Unit starts and shuts down properly
- ☐ Yes ☐ No — Air output is steady and at expected pressure levels
- ☐ Yes ☐ No — Pressure gauges and controls function accurately
- ☐ Yes ☐ No — No unusual noises or vibrations during operation

Air Lines and Connections

- ☐ Yes ☐ No — Air hoses are free of cracks, kinks, or leaks
- ☐ Yes ☐ No — Hose fittings are secure and not leaking
- ☐ Yes ☐ No — Safety chains or restraints are used properly
- ☐ Yes ☐ No — No signs of excessive wear on hose connections

Electrical and Safety Features

- ☐ Yes ☐ No — Emergency stop switch functions correctly
- ☐ Yes ☐ No — All lights and indicators work properly
- ☐ Yes ☐ No — Wiring is intact and free of damage or corrosion
- ☐ Yes ☐ No — Circuit breakers and fuses are properly rated and functioning

Maintenance & Compliance

- ☐ Yes ☐ No — Maintenance schedule is followed and documented
- ☐ Yes ☐ No — Unit is compliant with noise and emissions regulations
- ☐ Yes ☐ No — Fire extinguisher is available and inspected
- ☐ Yes ☐ No — Operator manual is available on-site

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately

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