

Check-list

CLEAN – INSPECT – LUBRICATE

Filling instructions

1. Before starting work, be sure to fill in the information block.
2. Check the appropriate answer option.
3. In the «specify» fields, describe the detected problems in detail.
4. In case of critical findings, immediately notify management.
5. After completion, be sure to sign the checklist.

INSPECTION INFORMATION

Field	Value
Inspection date	
Start time	
End time	
Equipment name	
Inventory number	
Responsible operator	

SECTION 1: WORK PREPARATION

1.1 Personal protective equipment worn?

- Yes, completely
- Partially (specify what is missing): _____
- No

1.2 Equipment stopped and de-energized according to LOTO procedure?

- Yes, performed correctly
- Performed with violations (specify): _____
- Not performed

1.3 All necessary tools and materials prepared?

- Yes, everything is ready
- Something is missing (specify what): _____
- Not prepared

SECTION 2: CLEAN

2.1 External equipment surfaces cleaned of dirt and dust?

- Yes, completely clean
- Partially (contamination remains): _____
- Not cleaned

2.2 Viewing windows and indicators clean and readable?

- Yes, everything reads clearly
- Partially contaminated
- Heavily contaminated/unreadable

2.3 Air filters cleaned/replaced?

- Cleaned and working normally
- Require replacement
- Critically clogged

2.4 Old lubricant removed from accessible points?

- Yes, completely removed
- Partially removed
- Was not removed

2.5 Work area around equipment cleaned?

- Yes, area is clean
- Minor debris present
- Area heavily contaminated

SECTION 3: INSPECT

3.1 Fastening elements properly tightened?

- Yes, all fasteners are normal
- Loose ones found (specify where): _____
- Critically loose

3.2 Belts and chains in normal condition?

- Excellent condition
- Minor wear
- Critical wear/require replacement

3.3 Cables and wiring without damage?

- Everything is fine
- Minor damage detected: _____
- Critical damage

3.4 Seals and gaskets tight?

- Everything is sealed
- Minor leaks
- Serious leaks

3.5 Instrument readings normal?

- All readings normal
- Deviations within tolerance
- Critical deviations

3.6 Mechanism operation sounds normal?

- Runs quietly and smoothly
- Minor noise
- Abnormal sounds (describe): _____

3.7 Signs of overheating detected?

- No signs of overheating
- Minor temperature increase
- Critical overheating

SECTION 4: LUBRICATE

4.1 Oil level in reservoirs meets standards?

- All levels normal
- Some require topping up
- Critically low levels

4.2 Lubrication applied to all points according to the lubrication chart?

- All points lubricated
- Several points missed (specify): _____
- Lubrication not performed

4.3 Grease applied to bearings?

- All bearings lubricated
- Partially lubricated
- Not lubricated

4.4 Automatic lubrication systems functioning?

- Working normally
- Working intermittently
- Not working

4.5 Correct types of lubricants used?

- Yes, according to specification
- Analogues used
- Inappropriate materials used

SECTION 5: WORK COMPLETION

5.1 Equipment turned on and functionality checked?

- Turned on, working normally
- Turned on, minor deviations present
- Failed to turn on/serious problems

5.2 All tools and materials put away?

- Yes, workplace cleaned
- Partially cleaned
- Not cleaned

5.3 Critical findings communicated to shift supervisor?

- Yes, communicated personally
- Not communicated (no critical findings)
- Not communicated (critical findings exist)

SECTION 6: ASSESSMENT AND PLANNING

6.1 Overall equipment condition assessment:

- Excellent (5 points)
- Good (4 points)
- Satisfactory (3 points)
- Unsatisfactory (2 points)
- Critical (1 point)

6.2 Recommended frequency of next CIL procedures:

- Standard (no changes)
- Increase frequency
- Can reduce frequency
- Additional maintenance required

6.3 Materials needed for next maintenance:

6.4 Planned corrective actions:

SECTION 7: CRITICAL FINDINGS

Critical problems requiring immediate attention detected?

- No critical problems
- Yes, detected (fill in table below)

No	Problem Description	Criticality Level	Recommended Actions	Resolution Deadline
1				
2				
3				

SIGNATURES AND APPROVALS

Work performed by:

- Full Name: _____
- Signature: _____
- Date: _____

Verified by (shift supervisor):

- Full Name: _____
- Signature: _____
- Date: _____

Contact us

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