

**CRITICAL EQUIPMENT SURVEY**

 LATHE STATUS:  IN USE    NEEDS REPAIR    NOT BEING USED  
 NEEDS TRAINING    OTHER: \_\_\_\_\_

SHOP NAME: \_\_\_\_\_

SHOP MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

<b>MODEL»</b>		<b>SERIAL»</b>
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**— ACCESSORIES —**

- |                             |        |                               |                             |        |                               |
|-----------------------------|--------|-------------------------------|-----------------------------|--------|-------------------------------|
| <input type="checkbox"/> OK | 50-687 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | 30-791 | <input type="checkbox"/> NEED |
| <input type="checkbox"/> OK | 50-688 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | 50-179 | <input type="checkbox"/> NEED |
| <input type="checkbox"/> OK | 50-695 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | 50-660 | <input type="checkbox"/> NEED |
| <input type="checkbox"/> OK | 50-691 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | 50-650 | <input type="checkbox"/> NEED |
| <input type="checkbox"/> OK | 50-694 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | 50-340 | <input type="checkbox"/> NEED |
| <input type="checkbox"/> OK | 50-683 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | 50-350 | <input type="checkbox"/> NEED |
| <input type="checkbox"/> OK | 50-935 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | 50-380 | <input type="checkbox"/> NEED |
| <input type="checkbox"/> OK | 50-681 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | 50-390 | <input type="checkbox"/> NEED |
| <input type="checkbox"/> OK | 50-046 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | _____  | <input type="checkbox"/> NEED |
| <input type="checkbox"/> OK | 50-249 | <input type="checkbox"/> NEED | <input type="checkbox"/> OK | _____  | <input type="checkbox"/> NEED |

**LATHE CHECKLIST**

<b>PASS</b>	<b>FAIL</b>
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**MOTOR**

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Inspect IEC connections on motor | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect plug connection          | <input type="checkbox"/> |

**BODY**

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Inspect drawbar for imperfections and adjust to 6 threads past the flange | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect for leaks — flange block, cavity, draw bar, motor                 | <input type="checkbox"/> |

**FLANGE AREA**

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Inspect and clean 50-432 magnet                                   | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect 4 star wheels   | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect solenoid — adjustment, inspect travel of actuator, wiring | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect hall effect sensor  | <input type="checkbox"/> |
| <input type="checkbox"/> Confirm flange and set screw are tight                            | <input type="checkbox"/> |

**COMPUTER**

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Inspect lights — do all 5 light up?        | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect for proper calibration             | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect IEC connector and 25 pin connector | <input type="checkbox"/> |

**DRO READINGS:**

Hours = \_\_\_\_\_ A. Adj. = \_\_\_\_\_

Total = \_\_\_\_\_ 5. Adj. = \_\_\_\_\_

Calibration Setting: \_\_\_\_\_

**GEAR BOX**

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Inspect gib adjustment                                | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect feed screw — properly adjusted                | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect feed shaft — gear mesh                        | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect slide plate — helis coils, wedge, back screws | <input type="checkbox"/> |

**RUN**

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Inspect for internal bearing noise | <input type="checkbox"/> |
| <input type="checkbox"/> Inspect for motor noise            | <input type="checkbox"/> |

**CONTACT INFO:**

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**COMMENTS»**

SIGNATURE:

X: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SHOP MANAGER

X: \_\_\_\_\_

PRO-CUT REPRESENTATIVE

DATE: \_\_\_\_\_