

TOTAL # OF PAGES» \_\_\_\_\_

FAX TO» 603.298.8404

DATE» \_\_\_\_\_



**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: \_\_\_\_\_

**MODEL»** \_\_\_\_\_ **SERIAL»** \_\_\_\_\_

**— ACCESSORIES —**

<input type="checkbox"/> OK	50-687	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	50-687	<input type="checkbox"/> NEED
<input type="checkbox"/> OK	50-688	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	50-688	<input type="checkbox"/> NEED
<input type="checkbox"/> OK	50-691	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	50-691	<input type="checkbox"/> NEED
<input type="checkbox"/> OK	50-695	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	50-695	<input type="checkbox"/> NEED
<input type="checkbox"/> OK	50-683	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	50-683	<input type="checkbox"/> NEED
<input type="checkbox"/> OK	50-694	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	50-694	<input type="checkbox"/> NEED
<input type="checkbox"/> OK	50-681	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	_____	<input type="checkbox"/> NEED
<input type="checkbox"/> OK	50-935	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	_____	<input type="checkbox"/> NEED
<input type="checkbox"/> OK	50-650	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	_____	<input type="checkbox"/> NEED
<input type="checkbox"/> OK	50-350	<input type="checkbox"/> NEED	<input type="checkbox"/> OK	_____	<input type="checkbox"/> NEED

**LATHE CHECKLIST**

<b>PASS</b>		<b>FAIL</b>
<b>MOTOR</b>		
<input type="checkbox"/>	Inspect IEC connections on motor	<input type="checkbox"/>
<input type="checkbox"/>	Inspect plug connection	<input type="checkbox"/>
<b>BODY</b>		
<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"/>
<b>FLANGE AREA</b>		
<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"/>
<b>COMPUTER</b>		
<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"/>
<input type="checkbox"/> <b>DRO READINGS:</b>		
Hours = _____ A. Adj. = _____		
Total = _____ 5. Adj. = _____		
<input type="checkbox"/> Calibration Setting: _____		
<b>GEAR BOX</b>		
<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"/>
<b>RUN</b>		
<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: \_\_\_\_\_