Kalamazoo 14 x 103 Inch Dry Vertical Abrasive Belt Sander – S14D

Equipment Serial Number: _____

	To-Do	Sign-Off (Initials/Date)
	DAILY	
☐	Clear chips & dust from guards, table, and belt area; verify 6" dust port airflow to collection system.	____ / ____ / _____
☐	Inspect sanding belt (14" x 103") for tears, loading, glazing; replace if damaged or worn.	____ / ____ / _____
☐	Check belt tracking; jog and center as needed; ensure tracking knob/assembly moves freely.	____ / ____ / _____
☐	Verify belt tension via air system; confirm plant air ~40 PSI (max 50–55 PSI).	____ / ____ / _____
☐	Test Start/Stop confirm 24V magnetic controls respond correctly.	____ / ____ / _____
☐	Confirm worktable is locked and square to belt for flat work; surfaces clean and free of oil.	____ / ____ / _____
☐	Listen/feel for unusual vibration or noise from contact wheel/idler/motor.	____ / ____ / _____
	WEEKLY	
☐	Vacuum/blow down interior and control cabinet exterior; keep motor cooling slots clear.	____ / ____ / _____
☐	Check condition of platen face and contact wheel rubber/crown; clean or dress if needed.	____ / ____ / _____
☐	Inspect all fasteners, guards, and belt covers for tightness; verify safety labels legible.	____ / ____ / _____
	MONTHLY	
☐	Check table tilt mechanism for smooth operation; verify angle scale/stop accuracy.	____ / ____ / _____
☐	Inspect tracking/idler bearings for play or heat after a production run.	____ / ____ / _____
☐	Open and clean inside base as permitted; remove built-up fines from non-electrical areas.	____ / ____ / _____
	QUARTERLY	

☐	Check alignment: belt path parallelism, table-to-belt squareness; re-set as required.	____ / ____ / _____
☐	Inspect motor mounts, base leveling/anchors, and structural fasteners for looseness.	____ / ____ / _____
☐	Review operator PPE and safe-use practices; refresh training as needed.	____ / ____ / _____
	ANNUAL	
☐	Replace worn drive belts and any suspect bearings; service motor per manufacturer.	____ / ____ / _____ _____
☐	Full machine inspection and deep clean; renew safety labels/decals as needed.	____ / ____ / _____
☐	Review spare parts on hand and update maintenance plan.	____ / ____ / _____

Supervisor Sign-Off: _____ Date: ____ / ____ / _____