

Daily Inspection Checklist

Robotics Automation

Date: _____

Inspector: _____

Robot ID/Name: _____

Location: _____

Visual Inspection

Item	Check	Remarks
External cables, connectors, & hardware intact	<input type="checkbox"/>	
No visible damages or leaks	<input type="checkbox"/>	
Sensors & guards clean and undamaged	<input type="checkbox"/>	
Work area free of obstacles	<input type="checkbox"/>	

Functional Checks

Item	Check	Remarks
Startup/Shutdown sequence normal	<input type="checkbox"/>	
Emergency stop working	<input type="checkbox"/>	
Motion axes operate smoothly	<input type="checkbox"/>	
Warning/alarm indicators functional	<input type="checkbox"/>	
Safety interlocks engaged	<input type="checkbox"/>	

Other Observations / Notes

Inspector Signature

Date

Supervisor Signature

Date
