

Site Machinery and Equipment Safety Checklist

Project/Site: _____

Date: _____

Inspected by: _____

Checklist

| Item | Yes | No | Comments/Actions |
|---|-----|----|------------------|
| Pre-start inspection completed | | | |
| Machine guards in place and secure | | | |
| Warning signs and labels clear | | | |
| Emergency stops accessible & working | | | |
| Operator trained and licensed | | | |
| PPE available and in use | | | |
| No visible damage or faults | | | |
| Fluid levels checked (fuel, oil, hydraulic, etc.) | | | |
| Scheduled maintenance up-to-date | | | |
| Work area clear of obstructions | | | |
| All safety features operational | | | |

Additional Comments

Inspector Signature

Supervisor Signature