

# 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