

Assembly Line Maintenance and Housekeeping Checklist

Date:

YYYY-MM-DD

Shift:

(e.g., Morning, Evening)

Line/Area:

Assembly Line Name

Inspected By:

Inspector Name

Checklist Item	Checked	N/A	Remarks
All equipment is clean and free of debris			
Floors are swept/mopped and dry			
Tools are in designated places			
Safety guards and covers are in place			
Lubrication of moving parts as per schedule			
No oil, water, or chemical leaks			
Waste bins emptied and cleaned			
No obstacles or loose items on walkways			
Proper lighting in working area			
Emergency exits and equipment accessible			
Other (specify):			

Inspector Signature:

Date:

Supervisor Signature:

Date: