

Safety Audit Checklist

Manufacturing Assembly Line

Date:

Auditor:

Location:

Line/Area:

Section 1: General Safety

Audit Item	Yes	No	Remarks
Are emergency exits clearly marked and unblocked?	<input type="checkbox"/>	<input type="checkbox"/>	
Are walkways and work areas free of obstacles and spills?	<input type="checkbox"/>	<input type="checkbox"/>	
Are safety signs and instructions visible and legible?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 2: Equipment & Machinery

Audit Item	Yes	No	Remarks
Are machine guards and emergency stop buttons in place and functional?	<input type="checkbox"/>	<input type="checkbox"/>	
Is regular equipment maintenance performed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all tools and equipment stored securely and safely?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3: Personal Protective Equipment (PPE)

Audit Item	Yes	No	Remarks
Is appropriate PPE provided and worn by all personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
Is PPE in good condition and replaced as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4: Fire Prevention & Emergency

Audit Item	Yes	No	Remarks
Are fire extinguishers accessible and inspected regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
Are emergency response plans reviewed and posted?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5: Additional Comments / Action Items

Auditor Signature:
