

# 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"/>	<div></div>
Are walkways and work areas free of obstacles and spills?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are safety signs and instructions visible and legible?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

### 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"/>	<div></div>
Is regular equipment maintenance performed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are all tools and equipment stored securely and safely?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

### 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"/>	<div></div>
Is PPE in good condition and replaced as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

**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:**