

Equipment Maintenance and Safety Audit Sample

Date: _____

Auditor Name: _____

Location: _____

Department: _____

Equipment Details

Equipment Name	Model/Serial No.	Location	Last Maintenance Date
_____	_____	_____	_____

Maintenance & Safety Checklist

Item	Status (Yes/No/N.A.)	Remarks
Is the equipment clean and free from debris?	_____	_____
Are all safety guards in place and functional?	_____	_____
Are warning labels visible and legible?	_____	_____
Is regular maintenance up-to-date?	_____	_____
Any visible damage or wear?	_____	_____
Emergency stop/tested & operational?	_____	_____

Findings & Recommendations

Auditor Signature

Reviewed By