

Equipment Maintenance and Safety Audit Sample

Date:

Auditor Name:

Location:

Department:

Equipment Details

Equipment Name	Model/Serial No.	Location	Last Maintenance Date
<div></div>	<div></div>	<div></div>	<div></div>

Maintenance & Safety Checklist

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

Findings & Recommendations

Auditor Signature

Reviewed By