

# Machine Safety Inspection Checklist

Machine/Equipment Name: \_\_\_\_\_

Location: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Inspection Item	Yes	No	Comments
All guards and safety devices are in place and functioning			
Emergency stops are accessible and operational			
Warning signs and labels are visible and legible			
Electrical connections are secure and undamaged			
Moving parts are properly shielded			
Work area is clean and free of obstructions			
Personal Protective Equipment (PPE) is available and used			
Any unusual noise or vibration detected			
Maintenance records are up-to-date			
Operator training is current			

Additional Observations / Actions Required: