

# Machinery Safety Inspection Checklist

Machine Name:

Location:

Inspected By:

Date:

## Inspection Items

Item	Status (Yes/No/N/A)	Comments
All safety guards in place and secure	<div></div>	<div></div>
Emergency stop buttons working	<div></div>	<div></div>
Warning signs are visible and legible	<div></div>	<div></div>
No oil or fluid leaks	<div></div>	<div></div>
Controls function properly	<div></div>	<div></div>
Power supply is safe and labelled	<div></div>	<div></div>
Moving parts are guarded	<div></div>	<div></div>
Noise levels acceptable	<div></div>	<div></div>

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Operators trained and authorised

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**Additional Comments**

**Inspector's Signature**