Logo	**Machinery Inspection Checklist** **QHSE Forms** **Organization Name**	**Doc Ref #**: XYZ/IMS/QHSE/F/00 **Issue Date**: DD-MM-YYYY **Rev #**: 00 Page **1** of **3**

Inspection Type	Pre-Use ☐	Weekly ☐	Monthly ☐	Bi-Annually ☐	Annually ☐
Machine Name			**Checklist Sr. #**		
Machine ID #			**Manufacturer**		
Inspected By			**Approved By**		
Inspected On			**Next Inspection**		

Tick (✔) the correct answer.

S/#	Criteria	Yes	No	Comment
1	The machine is in good condition, free of damage and rust?			
2	All of the power supplies are isolated and secured properly?			
3	All of the power cords, switches, and power plugs are, ok?			
4	All of the electrical controls functional and labelled properly?			
5	all of the emergency stop switches and control functional?			
6	All of the fixed, adjustable and interlock guards functional?			
7	All of the guards are inspected by competent person?			
8	Working Machine warning light and alarm working?			
9	All components fitted to the machine in good condition?			
10	The floor around the machinery is slip resistant, free of oil, grease, water, etc.?			
11	Floor around the area is fitted with guards to prevent contact with running machinery? E.g., light, pressure mats etc.			
12	Machine maintenance plan and schedule is readily available?			
13	Operating instruction/manual available with machine?			
Observations				
Recommendations				

S/#	Defect	Action Taken	Identified By	Status
1	Defect 1			
2	Defect 2			
3	Defect 3			
4	Defect 4			
5	Defect 5			
6	Defect 6			
7	Defect 7			
8	Defect 8			
9	Defect 9			
10	Defect 10			

Inspected By	Operator	Approved By
Name:	**Name**:	**Name**:
Designation:	**Designation**:	**Designation**:
Signature:	**Signature**:	**Signature**: