		Machinery Inspection Checklist					Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY					
Logo		QHSE Forms						Rev #: 00				
				Organiza	tion Na	ame			Page 1 of 3			
<u> </u>						_						
Inspection		Pre-Use Weekly Monthly			Bi-An	nually		Annually				
Type Machine				,	_	Checkli	ict Sr. #	, , ,		,,		
Name Machine ID #						Manufacturer						
	ected By						ved By					_
Inspe	cted On					Next Insp						
Tick	(✔) the co	orrect answ	ver.									
S/#	Criteria							Yes	No		Comment	
1	The mack	hine is in go	ood cond	ition, free of	damage	and rust?						
2	All of the	power sup	plies are	isolated and	secured	d properly?						
3	All of the	power core	ds, switcl	nes, and pow	er plugs	are, ok?						
4	All of the	electrical c	controls f	unctional and	d labelle	ed properly?						
5	all of the	all of the emergency stop switches and control functional?										
6	All of the	All of the fixed, adjustable and interlock guards functional?										
7	All of the guards are inspected by competent person?											
8	Working	orking Machine warning light and alarm working?										
9	All comp	mponents fitted to the machine in good condition?										
10	The floor water, et	floor around the machinery is slip resistant, free of oil, grease,										
11	Floor aro	Floor around the area is fitted with guards to prevent contact with				with						
12	running machinery? E.g., light, pressure mats etc. Machine maintenance plan and schedule is readily available?											
13	Operating instruction/manual available with machine?											
Observations												
Object various												

Recommendations

	Machinery Inspection Checklist	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY	
Logo	QHSE Forms	Rev # : 00	
	Organization Name	Page 2 of 3	

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			

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

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