

Equipment Safety Inspection Form

Equipment Name

Equipment ID / Asset Number

Location

Inspector Name

Inspection Date

Inspection Time

Inspection Item	Yes	No	N/A	Comments
Physical Condition (no visible damage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Guards & Shields In Place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Emergency Stop Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Electrical Cords/Connections Safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Controls Operating Correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="text" value="Other"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Comments / Corrective Actions

Inspector Signature

Date