

Equipment Safety Inspection Checklist

Equipment Name: _____

Location: _____

Inspected By: _____

Date: _____

No.	Item	Criteria	Pass	Fail	Comments
1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Inspector Signature: _____

Date: _____