

# Manufacturing Facility Safety Checklist

Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Inspection Date: \_\_\_\_\_ Inspector(s): \_\_\_\_\_  
Department/Area: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Safety Item	Compliant (Yes/No/N/A)	Comments/Required Action
1. Fire exits are clearly marked and accessible.		
2. Fire extinguishers are present and inspected.		
3. Emergency evacuation routes posted.		
4. PPE is available and in good condition.		
5. Machine guards are properly installed.		
6. Electrical panels are labeled and accessible.		
7. Chemical containers are labeled and stored properly.		
8. Walkways and emergency exits are clear of obstructions.		
9. First aid supplies are stocked and accessible.		
10. Safety signage is visible and appropriate.		

Additional Remarks / Observations:

Inspector Signature:

Date:

Supervisor Signature:

Date: