

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: _____