

Equipment Safety Audit Checklist

Equipment Name

Equipment ID / Serial Number

Location

Auditor Name

Audit Date

Checklist

Audit Item	Yes	No	Comments
Equipment is free from visible damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All safety guards & devices in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Warning labels & signage readable and intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency stop and controls function properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Power cords/plugs/cables in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Equipment clean and free of debris/oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maintenance log up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Audit Item	Yes	No	Comments
Operator manual available	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Findings / Recommendations

Auditor Signature

Date Signed