

Industrial Equipment Audit Checklist

Audit Details

Audit Date		Auditor	
Location		Department	

Equipment List

No.	Equipment ID	Description	Location	Serial Number
1				
2				
3				

Audit Items

Inspection Point	Yes	No	N/A	Remarks
Equipment clean and free from hazards				
Safety guards present and functional				
Equipment properly labeled				
Maintenance up to date				
Emergency stop tested/working				
Other (specify)				

General Observations/Notes

Auditor Signature

Name		Signature		Date	
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