



# Machine Guarding Inspection Checklist

## General Information

Records details about the inspection itself and the machine being inspected.

### Inspection Date

### Inspection Time

### Machine Location (Building/Area/Specific Coordinates)



### Machine Name/Model

Write something...

### Machine Serial Number

Write something...

### Inspector Name

Write something...

### Machine Speed (RPM/FPM)

Enter a number...

### Department Responsible

- ☐ Production
- ☐ Maintenance
- ☐ Engineering
- ☐ Other

### Brief Description of Machine Function

Write something...

## Machine Identification & Operation

Confirms accurate machine identification and observation of operational procedures.

### Machine Name/Model

Write something...

### Machine Serial Number

Write something...

### Location of Machine (Building/Room)

Write something...

### Machine Speed (RPM/Cycles per Minute)

Enter a number...

### Brief Description of Machine Operation

Write something...

### Is a Standard Operating Procedure (SOP) available for this machine?

- ☐ Yes
- ☐ No
- ☐ N/A

### Date of Last Operational Review

Enter date...

**Is the machine operating within its design specifications?**

- ☐ Yes
- ☐ No
- ☐ Unsure

## Guard Condition & Integrity

Assesses the physical state and effectiveness of existing guards.

### Guard Material Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Damaged

### Guard Attachment Security

- ☐ Securely Attached
- ☐ Slightly Loose
- ☐ Moderately Loose
- ☐ Significantly Loose
- ☐ Missing/Absent

### Guard Thickness (inches/mm)


### Detailed Description of Guard Condition

Write something...

### Interlock Functionality

- ☐ Operational
- ☐ Non-Operational
- ☐ Missing
- ☐ Bypassed

### Photos/Videos of Guard Condition

 Upload File

### Presence of Warning Signage

- ☐ Present and legible
- ☐ Present, but faded/damaged
- ☐ Missing

### Notes on Guard Modifications

Write something...

## Point of Operation Hazard Assessment

Focuses on the areas where the machine performs its function and where potential hazards are present.

**Is a physical barrier present at the point of operation?**

- ☐ Yes
- ☐ No
- ☐ Partial/Inadequate

**Describe the type of guarding in place (e.g., fixed barrier, interlocked guard, light curtain).**

Write something...

**Is the guarding adequate to prevent contact with moving parts?**

- ☐ Yes
- ☐ No
- ☐ Uncertain

**Describe any observed hazards at the point of operation (e.g., pinch points, shear points, crush points).**

Write something...

**Distance between operator and moving parts (mm/inches – specify unit)**

Enter a number...

### Potential Hazards Observed (Select all that apply)

- ☐ Pinch Point
- ☐ Shear Point
- ☐ Crush Point
- ☐ Wrap Point
- ☐ Impact Point
- ☐ Entanglement Point
- ☐ None Observed

### Attach photos/videos of the point of operation area (if applicable)

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## Ingoing/Outgoing Points Hazard Assessment

Evaluates hazards at the points where materials or parts enter and exit the machine.

### Are guards present at all ingoing material points?

- ☐ Yes
- ☐ No
- ☐ N/A

### Are guards present at all outgoing material points?

- ☐ Yes
- ☐ No
- ☐ N/A

**Describe any observed hazards at ingoing points (e.g., pinch points, crush hazards).**

Write something...

**Describe any observed hazards at outgoing points (e.g., ejected materials, sharp edges).**

Write something...

**Distance from point of operation to nearest accessible surface (inches)**

Enter a number...

**Are any moving parts exposed during material feed/removal?**

☐ Yes

☐ No

☐ N/A

**If 'Yes' to exposed moving parts, describe the specific parts and potential hazard.**

Write something...

**Upload photos/videos of ingoing/outgoing points (if applicable).**

 Upload File



# Emergency Stop Functionality

Verifies that emergency stop mechanisms are present and working correctly.

## Are Emergency Stop Buttons Present?

- ☐ Yes
- ☐ No
- ☐ N/A

## Are Emergency Stop Buttons Clearly Marked?

- ☐ Yes
- ☐ No
- ☐ N/A

## Were Emergency Stop Buttons Tested?

- ☐ Yes
- ☐ No
- ☐ N/A

## Did Emergency Stop Buttons Function Correctly?

- ☐ Yes
- ☐ No
- ☐ N/A

## Describe any issues found during Emergency Stop testing (if applicable)

Write something...

### Number of Emergency Stop Buttons Tested

Enter a number...

### Date of Last Emergency Stop Test

Enter date...

## Lockout/Tagout (LOTO) Compliance

Checks adherence to LOTO procedures for maintenance and servicing.

### Is a written LOTO procedure available for this machine?

- ☐ Yes
- ☐ No
- ☐ N/A

### Are authorized employees properly trained on LOTO procedures?

- ☐ Yes
- ☐ No
- ☐ N/A

### Date of last LOTO training for this machine

Enter date...

**Are lockout/tagout devices readily available?**

- ☐ Yes
- ☐ No
- ☐ N/A

**Observed deviations from LOTO procedures (if any)**

Write something...

**Are energy isolating devices properly secured during servicing?**

- ☐ Yes
- ☐ No
- ☐ N/A

**Number of lockout/tagout devices used during last servicing (if applicable)**

Enter a number...

**Inspector Signature to verify LOTOTO compliance**

## Employee Training & Awareness

Confirms employee knowledge of machine guarding and safety procedures.

**Has the employee received machine-specific guarding training?**

- ☐ Yes
- ☐ No
- ☐ N/A - New Employee

**Date of last machine guarding training**

Enter date...

**Does the employee understand the purpose of machine guards?**

- ☐ Yes
- ☐ No
- ☐ Unsure

**Briefly describe employee's understanding of machine hazards.**

Write something...

**Which of the following safety procedures are the employees familiar with?**

- ☐ Lockout/Tagout (LOTO)
- ☐ Emergency Stop Procedures
- ☐ Safe Operating Procedures
- ☐ Reporting Hazards
- ☐ Personal Protective Equipment (PPE) Requirements

**Was a refresher training conducted during the last year?**

- ☐ Yes
- ☐ No

**Trainer Name/Signature**

Write something...

## Corrective Actions & Follow-Up

Records necessary actions to address identified deficiencies and verifies completion.

**Detailed Description of Corrective Action Required**

Write something...

**Priority Level (1-High, 5-Low)**

Enter a number...

**Target Completion Date**

Enter date...

**Assigned To (Department/Individual)**

- ☐ Maintenance
- ☐ Engineering
- ☐ Production
- ☐ Safety
- ☐ Other

### Notes/Comments Regarding Corrective Action

Write something...

### Status of Corrective Action

- ☐ Not Started
- ☐ In Progress
- ☐ Completed
- ☐ On Hold

### Actual Completion Date (If Completed)

Enter date...

### Supporting Documentation (Photos, Reports)

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### Verification Initials (Person verifying completion)

Write something...