



Machine Safety Audit Checklist: Manufacturing Workplace Risk Assessment

Machine Identification & Documentation

Verify machine details, manuals, safety labels, and relevant documentation are present and up-to-date.

Machine Name/Model

Machine Serial Number

Date of Last Manual Update

Manual Location (Physical/Digital)

☐ Physical Location

☐ Digital - URL

☐ Both

Upload a copy of the Machine Manual (if available)

 Upload File

Is a Safety Risk Assessment available for this machine?

☐ Yes

☐ No

Risk Assessment Document Number (if applicable)

Write something...

Guards & Safety Devices

Inspect all guards, interlocks, light curtains, emergency stops, and other safety devices for proper function and condition.

Guard Condition (Overall)

☐ Excellent

☐ Good

☐ Fair

☐ Poor

☐ N/A

Interlock Functionality

☐ Functional

☐ Defective

☐ N/A

Light Curtain Sensor Count (if applicable)

Enter a number...

Emergency Stop Button Condition

- ☐ Functional
- ☐ Defective
- ☐ Missing
- ☐ N/A


Description of any Guard Damage or Modifications

Write something...

Emergency Stop Circuit Test Result (Pass/Fail)

- ☐ Pass
- ☐ Fail
- ☐ N/A

Photo Evidence of Guard Condition (if applicable)

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Lockout/Tagout Procedures

Evaluate the effectiveness of lockout/tagout procedures and training for maintenance and repair activities.

Describe the current Lockout/Tagout (LOTO) procedure for this machine.

Write something...

Number of employees trained on LOTO for this machine in the past year.

Enter a number...


Date of last LOTO procedure review and update.

Enter date...

Which of the following LOTO steps are included in the procedure?

- ☐ Identify energy sources
- ☐ Isolate energy sources
- ☐ Apply lockout/tagout devices
- ☐ Verify isolation
- ☐ Authorized personnel only

Upload a copy of the machine-specific LOTO procedure document.

 Upload File

Is the LOTO procedure clearly posted near the machine?

- ☐ Yes
- ☐ No
- ☐ N/A

Typical time required to complete LOTO procedure (estimated).

Signature of person verifying LOTO procedure.

Emergency Stop Functionality

Test emergency stop buttons and circuits to ensure they immediately halt machine operation.

Time of Emergency Stop Test

Time to Stop (seconds)

E-Stop Button Condition

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

Circuit Functionality

- ☐ Functional
- ☐ Partially Functional
- ☐ Non-Functional

Notes/Observations (if any issues detected)

Write something...

Technician Signature (Confirmation of Test)

Operator Training & Competency

Assess operator training records and evaluate operator competency in safe machine operation.

Operator Training Hours Completed

Enter a number...

Training Modules Covered

- ☐ Machine-Specific Safety Procedures
- ☐ Lockout/Tagout
- ☐ Emergency Response
- ☐ Personal Protective Equipment (PPE)

Date of Last Training Session

Enter date...

Topics Covered in Training (Select all that apply)

- ☐ Basic Machine Operation
- ☐ Safety Interlocks
- ☐ Emergency Stop Procedures
- ☐ Troubleshooting

Summary of Training Content

Write something...

Assessment Type

- ☐ Written Exam
- ☐ Practical Demonstration
- ☐ Both

Assessment Score (if applicable)

Enter a number...

Operator Signature

Workplace Layout & Accessibility

Evaluate the layout around the machine to ensure adequate space, lighting, and accessibility for safe operation and maintenance.

Minimum Safe Distance from Machine (Feet)

Enter a number...

Adequate Lighting Present?

☐ Yes

☐ No

☐ N/A

Clear Pathways Around Machine?

☐ Yes

☐ No

☐ Partially Obstructed

Describe Any Obstructions or Hazards

Write something...

Sufficient Space for Maintenance?

☐ Yes

☐ No

☐ Unsure

Record Location of Machine for Reference

 [Set My Current Location](#)



Personal Protective Equipment (PPE)

Confirm that appropriate PPE is available, used, and maintained as required.

Required PPE for Machine Operation

- ☐ Safety Glasses
- ☐ Hearing Protection
- ☐ Gloves
- ☐ Steel-Toe Boots
- ☐ Respirator
- ☐ Face Shield

Quantity of Safety Glasses Available

Enter a number...

Quantity of Hearing Protection Available

Enter a number...

Comments/Observations Regarding PPE Condition

Write something...

Last PPE Inspection/Replacement Date

Enter date...

Machine-Specific Hazards

Identify and assess hazards specific to this machine (e.g., pinch points, flying debris, noise levels).

Describe any potential pinch points or entanglement hazards.

Write something...

Record the noise level (dB) at the operator's position.

Enter a number...

Select any airborne contaminants present during operation.

- ☐ Dust
- ☐ Fumes
- ☐ Mist
- ☐ Gases
- ☐ None

Record operating temperature range (Celsius/Fahrenheit).

Enter a number...


Describe any potential for projectile hazards or flying debris.

Write something...

Severity of electrical hazards?

- ☐ Low
- ☐ Medium
- ☐ High

Upload photos or videos of identified hazards.

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Regular Inspections & Maintenance

Review the schedule and records of regular machine inspections and preventative maintenance.

Date of Last Inspection

Enter date...

Inspection Interval (days/weeks/months)

Enter a number...

Type of Maintenance Performed

Write something...

Details of Maintenance Activities

Write something...

Lubricant Level (if applicable)

Enter a number...

Condition of Filters (if applicable)

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

Date of Next Scheduled Maintenance

Enter date...

Maintenance Start Time

Corrective Actions & Follow-Up

Evaluate the system for tracking and resolving identified safety concerns and verifying corrective actions.

Severity Rating (1-5)

Enter a number...

Detailed Description of Corrective Action Required

Write something...

Target Completion Date

Enter date...

Responsible Party

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

Notes/Comments

Write something...

Status

- ☐ Open
- ☐ In Progress
- ☐ Completed
- ☐ On Hold

Actual Completion Date

Enter date...