

Mining Safety & Compliance Checklist

 Show only Checklist

Display Style
Default 

Pre-Shift Equipment Inspection

Checklist for ensuring all equipment is safe and functional before the work shift begins.

Equipment ID

Enter a number...

Equipment Type

- ☐ Haul Truck
- ☐ Excavator
- ☐ Loader
- ☐ Drill Rig
- ☐ Other



Engine Hour Reading

Enter a number...

Fluid Levels (Oil, Water, Fuel)

- ☐ OK
- ☐ Low
- ☐ Need Top-up

Tire Condition

- ☐ Good
- ☐ Fair
- ☐ Poor - Requires Attention

Brakes (Functionality)

- ☐ Functional
- ☐ Needs Adjustment
- ☐ Malfunctioning

Lights (All Operational)

- ☐ Yes
- ☐ No - Needs Repair

Any Abnormal Noises or Issues?

Write something...

Inspector Signature

Ground Control & Stability

Verification of ground conditions, support systems, and stability monitoring procedures.

Convergence Measurement (mm)

Enter a number...

Roof Sag (mm)

Enter a number...

Rock Bolting Condition

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Needs Inspection

Support System Condition

- ☐ Intact
- ☐ Minor Damage
- ☐ Significant Damage
- ☐ Requires Repair

Visual Signs of Instability

- ☐ Cracking
- ☐ Shearing
- ☐ Faulting
- ☐ Water Seepage
- ☐ None Observed

Comments & Observations

Write something...

Last Support Inspection Date

Enter date...

Ventilation & Air Quality

Assessment of ventilation systems, monitoring of air quality, and gas detection.

Airflow Measurement (m³/s)

Methane Concentration (ppm)

Carbon Dioxide Concentration (ppm)

Oxygen Concentration (%)

Ventilation System Status

- ☐ Operational
- ☐ Reduced Flow
- ☐ Malfunctioning
- ☐ Shutdown

Gas Detectors Checked?

- ☐ Methane
- ☐ Carbon Monoxide
- ☐ Oxygen
- ☐ Other (Specify in LONG_TEXT)

Notes/Observations regarding Ventilation & Air Quality

Write something...

Personal Protective Equipment (PPE)

Confirmation of proper PPE usage and maintenance by all personnel.

Required PPE Items

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Hearing Protection
- ☐ Safety Boots
- ☐ High-Visibility Vest
- ☐ Gloves
- ☐ Respirator (if required)

Condition of Hard Hat

- ☐ Good
- ☐ Fair
- ☐ Damaged - Replace

Noise Level (dB)

Enter a number...

Condition of Safety Boots

- ☐ Good
- ☐ Fair
- ☐ Damaged - Replace

Any PPE Issues/Damage Noted

Write something...

Inspector Signature

Hazard Identification & Risk Assessment

Review of potential hazards and implemented control measures.

Describe the Identified Hazard

Write something...

Potential Consequences of the Hazard

Write something...

Likelihood Rating (1-5, 1=Very Unlikely, 5=Almost Certain)

Enter a number...

Severity Rating (1-5, 1=Minor, 5=Catastrophic)

Enter a number...

Risk Level (Calculated: Likelihood x Severity)

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Extreme

Existing Control Measures

Write something...

Additional Control Measures Required

Write something...

Date Control Measure Implemented

Enter date...

Responsible Person/Team

- ☐ Engineering
- ☐ Operations
- ☐ Maintenance
- ☐ Safety

Confined Space Entry

Procedures and permits for safe entry and work within confined spaces.

Confined Space Name/Location

Write something...

Entry Date

Enter date...

Entry Time

Enter time...

Reason for Entry

Write something...

Atmospheric Testing Results (O2, LEL, H2S, CO)

- ☐ Acceptable
- ☐ Unacceptable - Requires Remediation
- ☐ N/A

O2 Percentage (%)

Enter a number...

LEL Percentage (%)

Enter a number...

Hazardous Gases Detected?

- ☐ H2S
- ☐ CO
- ☐ Methane
- ☐ None

Entry Supervisor Signature

Authorized Entrant Signature

Electrical Safety

Inspection of electrical equipment and adherence to safety protocols.

Voltage Measurement (kV)

Enter a number...

Insulation Resistance (Megohms)

Enter a number...

Condition of Electrical Cords

- ☐ Good
- ☐ Fair
- ☐ Damaged
- ☐ Needs Repair

Potential Hazards Observed (Check all that apply)

- ☐ Exposed Wiring
- ☐ Damaged Insulation
- ☐ Overheating
- ☐ Improper Grounding
- ☐ Noisy Equipment
- ☐ None

Detailed Description of Observations/Deficiencies

Write something...

Last Inspection Date

Enter date...

Inspector Signature

Blast Procedures (If Applicable)

Verification of blast preparation, execution, and post-blast checks.

Blast Date

Enter date...

Hole Depth (m)

Enter a number...

Amount of Explosive (kg)

Enter a number...

Blast Pattern Type

- ☐ Fan
- ☐ Staggered
- ☐ Parallel

Delay Sequence

- ☐ Electronic
- ☐ Non-Electric

Blast Design Notes (e.g., fragmentation goals, geological considerations)

Write something...

Blast Plan Diagram

 Upload File

Weather Conditions

- ☐ Clear
- ☐ Rain
- ☐ Snow
- ☐ Fog

Emergency Response Readiness

Checklist for emergency communication, evacuation plans, and first aid supplies.

Emergency Communication System Status
☐ Operational
☐ Degraded
☐ Non-Operational

Last Evacuation Drill Date

Enter date...

Time of Last Drill

Enter time...

Number of Evacuated Personnel

Enter a number...

Observations from Evacuation Drill

Write something...

First Aid Kit Inspection Status

- ☐ Complete & Current
- ☐ Requires Replenishment
- ☐ Missing Items

Attach Evacuation Route Map

 Upload File

Fire Suppression System Status

- ☐ Operational
- ☐ Requires Maintenance
- ☐ Non-Operational

Environmental Compliance

Verification of water management, waste disposal, and noise control measures.

Water Discharge pH Level (units)

Enter a number...

Sediment Concentration in Discharge (mg/L)

Enter a number...

Noise Level at Mine Boundary (dB)

Enter a number...

Waste Management Plan Adherence

- ☐ Fully Compliant
- ☐ Minor Deviation
- ☐ Significant Deviation
- ☐ Not Applicable

Last Water Quality Monitoring Date

Enter date...

Water Quality Monitoring Report

 Upload File

Environmental Permits Verified?

- ☐ Water Discharge Permit
- ☐ Air Emissions Permit
- ☐ Waste Management Permit
- ☐ Noise Permit

Any Environmental Incidents/Observations?

Write something...

Training & Competency

Confirmation of personnel training records and competency assessments.

Training Topic

- ☐ Confined Space Entry
- ☐ Ground Control
- ☐ First Aid/CPR
- ☐ Hazard Identification
- ☐ Equipment Operation (Specific)
- ☐ Environmental Awareness

Training Duration (Hours)

Training Completion Date

Assessment Score

Assessment Result

- ☐ Pass
- ☐ Fail
- ☐ Needs Retraining

Training Certificate/Record

 Upload File

Notes/Comments on Training

Write something...

Reporting & Documentation

Verification of incident reporting procedures and record keeping.

Date of Inspection

Enter date...

Time of Inspection

Enter time...

Incident/Observation Count

Enter a number...

Detailed Description of Findings/Observations

Write something...

Supporting Photos/Documents (Optional)

 Upload File

Corrective Actions Required?

☐ Yes

☐ No

Description of Corrective Actions Planned

Write something...

Date Corrective Actions Due

Enter date...

Inspector Signature

