

Mining Safety & Compliance Checklist

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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

Inspector Signature

Blast Procedures (If Applicable)

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

Blast Date

Hole Depth (m)

Amount of Explosive (kg)

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

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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)

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Corrective Actions Required?

Yes

No

Description of Corrective Actions Planned

Write something...

Date Corrective Actions Due

Enter date...

Inspector Signature

