Safety Inspection for New & Modified Equipment

Equipment								
Department								
Date of Inspection				Conducted	by			
Maintenance Review				Operator R	Review			
Safety Committee Review				Manageme	ent Review			
Equipment Status	New			Leased		Modified		
Area Inspection		YES	NO				Yes	NO
No Slip - Trip - Fall Hazards				Applicable Warning Signs posted				
Fire Extinguishers not blocked				No overhead hazards				
22" minimum passage clearance				Eyewash - shower not blocked				
Adequate area lighting				Doors not blocked				
Electric panels not blocked				Floor drains not blocked				
Equipment Inspection		YES	NO				YES	NO
Adequate machine guards				Hazards & Warning signs posted				
Operating procedure posted				Access panels fastened				
Electrical connections proper				Pipe & hose fittings tight				
Equipment secured to foundation				No sharp edges				
Controls accessible				Controls are labeled				
Indicating lights work				Emergency stop properly located				
Emergency stop works				Safety interlocks work				
LOTO procedure developed				Electrically grounded				
Equipment test procedures written				Equipment maintenance procedures				
Equipment tech manual available				Operator tra	ining complete	d		

Area floor plans modified		Planned Maintenance identified	
Operational check completed			
Deficiencies		Corrected by	Date
Equipment Status		Signature	Date
All deficiencies corrected			
Equipment ready for use			
Equipment released for			
use			