

MACHINE SHOP INSPECTION CHECKLIST

Area or Room: _____ Supervisor: _____
Inspected By: _____ Date: _____

SAFEGUARDING REQUIREMENTS	YES	NO	N/A
1. All hazardous moving parts of the machine, including auxiliary parts have safeguards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safeguards prevent workers' hands, arms and other body parts from making contact with dangerous moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fixed guards require tools to be removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Safeguards ensure that no objects will fall into the moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Machines can be lubricated and have routine maintenance without removal of the safeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Safeguards have not been tampered with, altered or removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Rotating parts that are exposed to workers are guarded (such as friction drives, shafts, couplings and collars, set screws and bolts, keys and keyways, projecting shaft ends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Gears, sprockets, pulleys, or flywheels are guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Belts, ropes or chain drives are guarded (not exposed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. All gears and chain sprockets are either completely enclosed, or have band-type guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Powered machinery/equipment			
▪ has start and stop controls located within easy reach of the operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ has controls and switches whose functions are clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Dust-generating tools and machinery have adequate controls to minimize dust			
13. Physical hazards are marked in a manner that clearly identifies the hazard to the affected workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

ELECTRICAL HAZARDS	YES	NO	N/A
14. There are no loose conduit fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Machines are properly grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Power supplies are correctly fused and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Workers do not receive minor shocks while operating any of the machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

TRAINING	YES	NO	N/A
18. Operators and maintenance workers have the necessary training in how and under what circumstances to use / remove the safeguards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Workers have been trained in the procedure to follow if they notice guards that are damaged, missing or inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Workers are trained in and work procedures are available for the safe use of:			
▪ Power operated tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Abrasive tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hoists and cranes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Powder actuated tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Machines, pieces of equipment and industrial processes are operated in accordance with the manufacturer's recommendations and instructions and with WCB Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

MACHINE SHOP INSPECTION CHECKLIST

PROTECTIVE EQUIPMENT	YES	NO	N/A
22. Cutting or cooling fluids, metal chips, scarf or turnings from machine tool work are contained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Protective equipment required are appropriate for the jobs and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Operators are dressed safely (no loose-fitting clothing or jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

LOCK-OUT	YES	NO	N/A
25. Lock-out procedures are implemented and available to all workers who are required to work on machinery and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Machines are locked out from their power sources before repairs are begun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Effective means of verifying lock-out are provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Workers are trained in lock-out procedures and know their responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

EMERGENCY and INFORMATION MATERIAL	YES	NO	N/A
29. Emergency procedures posted and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Monthly inspections posted and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Fire extinguisher present and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Fire extinguisher seal intact; date tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

HOUSEKEEPING	YES	NO	N/A
33. Bench tops and sink areas are tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Tripping hazards are absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. All exits and passageways are unblocked and clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Food and drink absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Step-ladder available for out-of-reach items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. "No Eating/Drinking/Smoking" signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

PLEASE ENSURE THAT CORRECTIONS ARE MADE BY :

_____ *date*