

## Equipment Safety Checklist

3 Pages

	Y	N	N/A
<b>1. Safety features</b>			
• Are all dangerous parts of machinery guarded? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are all machine guards in good working order? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have all operators been instructed on the importance of not disabling any machinery guarding? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is it difficult to disable or override the guarding mechanism?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is it impossible to start the machine by re-setting the safety device? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there an emergency stop button? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is this easily accessible to the operator in the event of an emergency? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Can all controls be operated easily? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If the power is isolated, can the moving parts stop without the operator coming into contact with them? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Can the equipment be isolated from power to prevent accidental reconnection by:			
- locking it off? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- removing a plug from a socket which is easily visible to the equipment user? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are any staff likely to be located in a position that puts their safety at risk when the equipment is activated? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If the power fails, does the start device need to be activated to restart the equipment? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>2. Hazard management</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>
• If applicable, are existing systems of work adequate to protect against			
- items being ejected? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- items falling from the equipment? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- collapse? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- explosion? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- fire? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- overturning? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are lighting levels sufficient for operators to work safely? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Where necessary, is the equipment made stable, e.g. by clamping? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are operators protected against temperature extremes, e.g. by insulation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If local exhaust ventilation (LEV) is installed, is it tested as necessary, e.g. at least once every 14 months? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are sufficient records of this kept? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If the equipment is pressurised, do we have a written scheme of examination as required by the <b>Pressure Systems Safety Regulations 2000</b> ? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Information and training</b>			
• Have staff been issued with written instructions for safe use of the equipment? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have all operators received training in safe use of the equipment? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do we have records to demonstrate this? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are there measures in place to ensure that the training has been understood? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the equipment used in accordance with the manufacturer's instructions? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Safe use</b>			
• Is the equipment only used in an appropriate environment? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is adequate ventilation provided? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the start and stop controls clearly marked and visible? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Where necessary, are there any appropriate warning signs, e.g. noise warnings, restrictions on use etc.? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Maintenance</b>			
• Where necessary, is there a system of planned preventative maintenance in place? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....Y      N      N/A

- Have clear instructions been given to those responsible for carrying it out? ..... ☐      ☐      ☐
- Is this documented? ..... ☐      ☐      ☐

This checklist has been completed to the best of my knowledge.

Signed:.....      Date: .....

**Note: This checklist is to be retained on file for at least three years.**