

MACHINERY AND EQUIPMENT

As part of your responsibility to ensure the safety of people in your workplace, you must make arrangements for a safe and rapid evacuation in case of an emergency. This checklist will help you develop emergency procedures. You should involve your workers in developing these procedures. If you share your workplace or worksite with other businesses, you can use the checklist to co-ordinate your emergency response with them.

If you mark any NO box on the checklist, you need to take action to make your workplace safer.

Date Checklist Completed:

Date Checklist to be Reviewed: (annually or when there is a change to the workplace):

Person who completed checklist:

Name

Position / Title:

Company/Workplace:

Safety devices

- | | | |
|---|------------------------------|-----------------------------|
| Are machine guards in place on all operating equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are belts, pulleys and other rotating parts properly guarded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are emergency stop buttons clearly marked and operational? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Work areas

- | | | |
|--|------------------------------|-----------------------------|
| Is there sufficient clearance space around all plant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are machinery and equipment areas kept clean and free from obstructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the ventilation adequate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are steps taken to reduce machinery noise (eg isolating the plant, mufflers, baffles)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are tools and portable equipment stored safely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Safe operation

- | | | |
|---|------------------------------|-----------------------------|
| Are workers trained to operate machinery safely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do they hold any necessary certificates or licences (eg forklift)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your higher hazardous plant registered (eg boilers, vehicles hoists)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are workers supervised to ensure correct procedures are followed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is machinery and equipment regularly inspected for damage or wear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is machinery and equipment maintained according to the manufacturers' instructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Personal protective equipment (PPE)

- | | | |
|---|------------------------------|-----------------------------|
| Do you provide adequate PPE (eg safety footwear, eye protection, hearing protection) as required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you and your workers maintain PPE in accordance with the manufacturers' instructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |