

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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