

SAFETY AUDIT WORKSHEET

Date: _____

Inspectors: _____

Description	Comments on Machine Safety and Issues
Incidents /Accidents Investigated	
Housekeeping: <ul style="list-style-type: none"> • Aisles Clear • No Food/Drink in Shop Areas • Proper Material Storage 	
PPE: <ul style="list-style-type: none"> • Use: Safety Glasses, Hearing Protection, Respirator per area • Properly Maintained • Employees Trained 	
Machine Guarding:	
Repair/Maintenance Lockout Proper	
Emergency Equipment: <ul style="list-style-type: none"> • Exits Clear • Eye Wash/Showers • Alarms Function • Lighting • First Aid Kits & BBP materials 	
Compressed Air Use Air Nozzles	
No Unattended Running Machine	
Any Unsafe Acts/Conditions noted:	
Chemical Hazards, Labels and MSDS per Hazard Communication	
OTHER—	