Checklist for work equipment

Location:…………………………Type of equipment being assessed:…………………………

Name of assessor:…………………………………… Date:…………………………..

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| --- | --- | --- | --- | --- |
| Subject | Yes | No | N/A | Actions required |
| User competency | | | | |
| Have all operatives received suitable information, instruction and training? |  |  |  |  |
| Are training records kept? |  |  |  |  |
| Use of equipment | | | | |
| Is equipment being used in accordance with manufacturer’s instructions, the company’s safety policy and other safety procedures? |  |  |  |  |
| Are all guards that should be used, in place |  |  |  |  |
| Are operatives following the safe system of work and using appropriate controls? |  |  |  |  |
| Does the use of the equipment pose any risk to the operative? |  |  |  |  |
| Is noise controlled? |  |  |  |  |
| Are any exhaust fumes, dust, etc. suitably controlled? |  |  |  |  |
| Are suitable warning notices supplied on the equipment and are they clearly visible to all users? |  |  |  |  |
| Maintenance | | | | |
| Are there suitable maintenance records for the equipment? |  |  |  |  |
| Does any part of the equipment appear to be defective, e.g. broken guards, frayed leads, broken casings, etc.? |  |  |  |  |
| Are operatives aware that they need to check maintenance records? |  |  |  |  |
| Specific hazards | | | | |
| Is protection provided in relation to: |  |  |  |  |
| * Items falling |  |  |  |  |
| * Items being ejected |  |  |  |  |
| * Overturning |  |  |  |  |
| * Collapse |  |  |  |  |
| * Overheating |  |  |  |  |
| * Fire |  |  |  |  |
| * Disintegration |  |  |  |  |
| * Explosion |  |  |  |  |
| * Unscheduled start |  |  |  |  |
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| --- | --- | --- | --- | --- |
| Subject | Yes | No | N/A | Actions required |
| Environment | | | | |
| Is there adequate lighting? |  |  |  |  |
| Is good housekeeping practiced? |  |  |  |  |
| Is local exhaust ventilation provided? |  |  |  |  |
| Is the work area free from hazards? |  |  |  |  |
| Is noise controlled? |  |  |  |  |
| Is the work area overcrowded and are operatives at risk? |  |  |  |  |
| Gas/electricity | | | | |
| Does the equipment use gas or electricity? |  |  |  |  |
| If yes, are procedures in place to ensure safety from gas release, carbon monoxide, etc. or electric shock? |  |  |  |  |
| Fire safety | | | | |
| Does the operation of the equipment pose any specific fire safety risk to the operatives or overall work area? |  |  |  |  |
| Dangerous machinery | | | | |
| Is the machine classified as a dangerous machine or is it subject to specific legal requirements, e.g. LOLER? |  |  |  |  |
| Are young persons prevented from using or cleaning dangerous machinery? |  |  |  |  |

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| --- | --- | --- |
| Action summary | | |
| Describe in more detail the steps identified in “Actions required” which need to be taken to ensure that the equipment will be used safely. Indicate who should action any tasks and in what timescale. | | |
| Actions | Who | By when |
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