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Inspection Date	Name of Inspecting Person	Machine Failings
Inspection Time	Machine / Plant #	

Machine O.K. ☐ Unsafe ☐

4 As

✓/X	GUARDING	All fixed in place	Safety signs in place	All interlocks working	LUBRICANTS	All levels OK	Coolant level	Coolant concentration	No leaks	MECHANICAL	Floor hazards	Floor cleaned	Machines cleaned	No loose fixings	Belt tensions OK	No adverse noises	No adverse vibrations	Breakages / Damage	EXTRACTION	No blockages	ELECTRICS	Panels locked	All safety circuits work	All lighting in good order	No cuts or damage to cables / trunking	AIR FEEDS	No leaks	No open pipes

DAILY CHECKS

MACHINE CHECKLIST

Mark '✓' in Inspection Boxes if OK

Mark ' X ' in every box requiring attention

Signature of Inspecting Person

Job Title of Inspecting Person