Machine Guarding Audit Checklist

Comprehensive Safety Assessment for Manufacturing Equipment

Facility Name:	**Audit Date:**
Department/Area:	**Auditor Name:**
Supervisor:	**Next Audit Due:**

Instructions: *Mark Y (Yes/Compliant), N (No/Deficient), or N/A (Not Applicable). Document all deficiencies on page 4. Items marked 'N' require corrective action.*

1 General Machine Guarding Requirements

Y	N	N/A	Audit Item
☐	☐	☐	Point of operation guards installed on all machines
☐	☐	☐	Guards securely attached, require tools to remove
☐	☐	☐	Guards made of durable, appropriate materials
☐	☐	☐	Guard openings sized per OSHA Table O-10
☐	☐	☐	Guards create no additional hazards
☐	☐	☐	Guards allow lubrication without removal
☐	☐	☐	Transparent panels clean with clear visibility
☐	☐	☐	Anchoring prevents displacement during operation

2 Power Transmission Apparatus

Y	N	N/A	Audit Item
☐	☐	☐	Belts, pulleys, sheaves properly guarded
☐	☐	☐	Chain and sprocket drives fully guarded
☐	☐	☐	Gears and mesh points enclosed

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☐	☐	☐	Rotating shafts, keys, setscrews guarded
☐	☐	☐	Couplings and shaft ends protected
☐	☐	☐	Flywheels guarded on all exposed sides
☐	☐	☐	Guards extend to within ¼" of floor
☐	☐	☐	All nip points between rotating parts guarded

3 Point of Operation Guarding

Y	N	N/A	Audit Item
☐	☐	☐	Power presses have appropriate guards/devices
☐	☐	☐	Two-hand controls prevent one-hand bypass
☐	☐	☐	Light curtains properly calibrated and tested
☐	☐	☐	Pull-back devices adjusted for each operator
☐	☐	☐	Barrier guards prevent point-of-operation access
☐	☐	☐	Feed/ejection methods minimize exposure
☐	☐	☐	Die enclosure guards in place where needed
☐	☐	☐	Foot pedals have covers preventing accidental actuation

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4 Interlocks and Safety Devices

Y	N	N/A	Audit Item
☐	☐	☐	Interlocks stop machine when guard opened
☐	☐	☐	Interlocks cannot be easily bypassed
☐	☐	☐	Bypassed interlocks documented with safeguards
☐	☐	☐	E-stops within reach and clearly marked
☐	☐	☐	E-stops tested monthly and functional
☐	☐	☐	Safety mats/pressure edges function correctly
☐	☐	☐	Two-hand circuits meet OSHA requirements
☐	☐	☐	Interlock testing documented per specs

5 Specific Machine Requirements

Y	N	N/A	Audit Item
☐	☐	☐	Abrasive wheels: tongue guard ¼", side guards 75%+
☐	☐	☐	Abrasive wheels: work rests within ■" of wheel
☐	☐	☐	Band saws: blade enclosed except at cut point
☐	☐	☐	Table saws: guard, spreader, anti-kickback installed
☐	☐	☐	Milling machines: chip shields, workholding in place
☐	☐	☐	Drill presses: spindle guard, workholding available
☐	☐	☐	Lathes: chuck guards and chip shields installed
☐	☐	☐	CNC machines: enclosures with interlocked doors

6 Lockout/Tagout Provisions

Y	N	N/A	Audit Item
☐	☐	☐	Energy isolation devices can be locked out
☐	☐	☐	Lockout devices provided for each employee

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☐	☐	☐	Machine-specific LOTO procedures documented
☐	☐	☐	Employees trained (initial + annual refresher)
☐	☐	☐	Annual LOTO procedure inspections conducted
☐	☐	☐	Stored/residual energy hazards addressed
☐	☐	☐	Group lockout procedures documented
☐	☐	☐	Contractors informed of LOTO requirements

7 Training and Documentation

Y	N	N/A	Audit Item
☐	☐	☐	Operators trained on machine hazards/safeguards
☐	☐	☐	Training records documented and available
☐	☐	☐	Operating procedures posted or accessible
☐	☐	☐	Warning signs and labels in place and legible
☐	☐	☐	Machine manuals accessible to operators
☐	☐	☐	Hazard assessments documented for each machine
☐	☐	☐	Prior guarding incidents investigated/addressed
☐	☐	☐	Maintenance staff trained on guard procedures

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8 Maintenance and Inspection

Y	N	N/A	Audit Item
☐	☐	☐	Scheduled guard inspections conducted/documented
☐	☐	☐	Damaged/missing guards reported and replaced
☐	☐	☐	Guard mounting hardware in good condition
☐	☐	☐	Guards reinstalled after maintenance
☐	☐	☐	Pre-shift checklists include guard verification
☐	☐	☐	Guard repair work orders completed promptly
☐	☐	☐	Replacement guards meet OEM specifications
☐	☐	☐	Guard condition in PM schedules

9 Deficiencies and Corrective Actions

#	Location	Description of Deficiency	Pri	Assigned	Due
1					
2					
3					
4					
5					
6					
7					
8					

Priority: H = High (correct before operation) | M = Medium (7 days) | L = Low (30 days)

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10 Audit Summary and Sign-Off

Audit Results			
Total Items Audited:	_____	**Items Compliant (Y):**	_____
Items Non-Compliant (N):	_____	**Items N/A:**	_____
Compliance Rate:	_____%	**High Priority Items:**	_____

Overall Assessment:

[ ] **Satisfactory** – All items compliant or minor deficiencies with corrective actions assigned

[ ] **Needs Improvement** – Multiple deficiencies requiring prompt attention

[ ] **Unsatisfactory** – Critical deficiencies present; suspend operation until corrected

Additional Comments / Recommendations:

Signatures:

Auditor: _____ Date: _____

Area Supervisor: _____ Date: _____

Safety Manager: _____ Date: _____

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First Underwriters Insurance Brokers specializes in manufacturing risk management.
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