

GENERAL MINING WORKPLACE INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Site Entry and Security

- Yes No — Entry gates and security systems are functional
- Yes No — Sign-in procedures for personnel and visitors are in place
- Yes No — Safety signage is clear and properly posted

Ground Conditions

- Yes No — Walkways and haul roads are clear and stable
- Yes No — Loose rock and debris are removed from active areas
- Yes No — Drainage is adequate and functional

Work Area Safety

- Yes No — Barricades and railings are secure and in good condition
- Yes No — Adequate lighting is provided in active zones
- Yes No — Noise levels are within acceptable limits

Machinery and Equipment

- Yes No — Equipment is inspected and maintained regularly
- Yes No — Operators are trained and authorized
- Yes No — Warning systems and alarms are functioning properly

Ventilation and Air Quality

- Yes No — Ventilation systems are operational
- Yes No — Air quality levels (dust, gas) are within safe limits
- Yes No — Monitoring devices are calibrated and active

Personal Protective Equipment (PPE)

- Yes No — PPE is available, worn, and in good condition
- Yes No — PPE compliance is enforced in all work areas
- Yes No — Respiratory protection provided where necessary

Emergency Response

- Yes No — First aid stations are stocked and accessible
- Yes No — Emergency exits and escape routes are marked
- Yes No — Communication systems are tested and functional

Environmental Controls

Yes No — Waste disposal is managed appropriately

Yes No — Fuel and chemical storage is secured and labeled

Yes No — Dust and emissions are controlled

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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