

MANUFACTURING FACILITY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Facility Exterior

- Yes No — Building structure is in good condition with no visible damage
- Yes No — Entryways and emergency exits are accessible and clearly marked
- Yes No — Outdoor areas are clean, well-lit, and free from obstructions

Production Area

- Yes No — Workspaces are organized and free from clutter
- Yes No — Floors are dry, clean, and non-slip
- Yes No — Equipment is spaced to allow safe operation and movement

Machinery and Equipment

- Yes No — Machines are regularly maintained and inspected
- Yes No — Safety guards and lockout/tagout procedures are in place
- Yes No — Operators are trained and authorized for each machine

Electrical Systems

- Yes No — Panels are labeled and unobstructed
- Yes No — Wiring and outlets show no signs of damage
- Yes No — Emergency stop switches are accessible and operational

Fire and Emergency Safety

- Yes No — Fire extinguishers and alarms are tested and accessible
- Yes No — Exit routes are clear and evacuation plans are posted
- Yes No — Emergency lighting and signage are functional

Chemical and Hazardous Material Handling

- Yes No — Chemicals are labeled and stored properly
- Yes No — MSDS sheets are available for all substances
- Yes No — Spill containment and cleanup materials are accessible

Ventilation and Air Quality

- Yes No — Ventilation systems are operational and filters are clean
- Yes No — Dust, fumes, and vapors are controlled in high-risk areas
- Yes No — Air quality meets industry safety standards

PPE and Employee Safety

Yes No — PPE is available, worn correctly, and in good condition

Yes No — Safety signage is posted in appropriate locations

Yes No — Regular safety training is provided and documented

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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