

ASSEMBLY LINE SAFETY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Workstation Ergonomics

Yes No — Workstations are adjusted to proper heights

Yes No — Anti-fatigue mats are in place and intact

Yes No — Tools are within easy reach of operators

Yes No — Adequate lighting is provided at all stations

Machinery & Equipment

Yes No — Machine guards are securely in place

Yes No — Emergency stop buttons are clearly marked

Yes No — Moving parts are properly lubricated and clear

Yes No — Electrical cords are safely routed and intact

Material Handling

Yes No — Conveyor belts are free of obstructions

Yes No — Lifting equipment is inspected and certified

Yes No — Heavy items are stored at safe lifting heights

Yes No — Aisles are clear for forklift and foot traffic

Personal Protective Equipment

Yes No — Safety glasses are worn by all personnel

Yes No — Hearing protection is used in high noise areas

Yes No — Steel-toed boots are required and worn

Yes No — Gloves are appropriate for the tasks performed

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately