



Inspection - Plant/Equipment/Machinery Checklist

Major Hazard_Rotating Equipment & Pinch Points - Checklist

Item #	Prompt	Responses	Comments
1	Operator / Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2	Am I trained and competent to undertake the task assigned to me?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3	Am I aware of the location of potential pinch points in the equipment I am operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4	Have I isolated/locked pinch points to prevent movement during inspections and maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5	Have I inspected machine guards and articulation locks in my pre-operational inspection (pre-start check)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6	Am I aware that no machine guard or guard around moving parts can be removed/tampered with unless under an approved procedure by an authorized person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7	Am I aware that missing or defective guarding must be immediately reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8	Is an Authority to Work (work permit) required for the task? If so, have I read, understood and signed it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Do I know how to respond to an incident involving rotating equipment and/or pinch points?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10	Supervisor / Superintendent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11	Are all persons fit, competent and authorised to operate assigned equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12	Is rotating equipment fitted with required safety devices (lights, sirens, start-up alarm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13	Are pinch points clearly signed, or otherwise marked to draw the attention of the operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14	Are physical barriers (machine guards, cages, barricades) in place to prevent access to rotating equipment and pinch points?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Have procedures been provided for working with or near rotating equipment and potential pinch points, and are operators aware of the requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Has a risk assessment been completed for the task involving rotating equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Have all relevant persons checked and attached their personal lock to the isolation points?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18	At the end of the task, have all relevant persons removed their personal lock and signed off the work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Item #	Prompt	Responses	Comments
19	Manager / GM	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
20	Are training systems in place to ensure competencies are achieved and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
21	Has a register of high risk rotating equipment been established?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
22	Are procedures in place and followed for specific high risk activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
23	Is a risk management / work permit process in place for high risk tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
24	Does plant and equipment undergo regular inspections and maintenance according to required schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
25	Have pre-operational inspections been performed on equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
26	Have real time verifications been conducted on isolation points (tag out; lock out procedures)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
27	Where the risk assessment indicates, has a Authority to Work (work permit) been developed and authorised?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
28	Have all relevant persons read, understood and signed the work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>
29	Are controls regularly inspected and maintained in compliance with site requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="text"/>

Item #	Prompt	Responses	Comments
Item #	Explanation		
1	Operator / Employee Checklist		
2	Am I trained and competent to undertake the task assigned to me.		
3	Am I aware of the location of potential pinch points in the equipment I am operating?		
4	Have I isolated/locked pinch points to prevent movement during inspections and maintenance?		
5	Have I inspected machine guards and articulation locks in my pre-operational inspection (pre-start)		
6	Am I aware that no machine guard or guard around moving parts can be removed or tampered with an approved procedure by an authorized person?		
7	Am I aware that missing or defective guarding must be immediately reported?		
8	Is an Authority to Work (work permit) required for the task? If so, have I read, understood and signed?		
9	Do I know how to respond to an incident involving rotating equipment and/or pinch points?		
10	Supervisor / Superintendent Checklist		
11	Are all persons fit, competent and authorised to operate assigned equipment?		
12	Is rotating equipment fitted with required safety devices (lights, sirens, start-up alarm)?		
13	Are pinch points clearly signed, or otherwise marked to draw the attention of the operator?		
14	Are physical barriers (machine guards, cages, barricades) in place to prevent access to rotating equipment and pinch points?		
15	Have procedures been provided for working with or near rotating equipment and potential pinch points? Are operators aware of the requirements?		
16	Has a risk assessment been completed for the task involving rotating equipment?		
17	Have all relevant persons checked and attached their personal lock to the isolation points?		
18	At the end of the task, have all relevant persons removed their personal lock and signed off the work permit?		
19	Manager / GM Checklist		
20	Are training systems in place to ensure competencies are achieved and maintained?		
21	Has a register of high risk rotating equipment been established?		
22	Are procedures in place and followed for specific high risk activities?		
23	Is a risk management / work permit process in place for high risk tasks?		
24	Does plant and equipment undergo regular inspections and maintenance according to required schedule?		
25	Have pre-operational inspections been performed on equipment?		
26	Have real time verifications been conducted on isolation points (tag out; lock out procedures)?		
27	Where the risk assessment indicates, has a Authority to Work (work permit) been developed and signed?		
28	Have all relevant persons read, understood and signed the work permit?		
29	Are controls regularly inspected and maintained in compliance with site requirements?		