UNIVERSITY OF LEEDS – EQUIPMENT SAFETY CHECKLIST

This checklist should be copied and used for all potentially hazardous equipment other than simple and straightforward items.

*The items in italics are to cover new requirements in the Provision and Use of Work Equipment Regulations 1998.*

Faculty/Dept _______________________ Location of machine _______________

Machine _______________________ Manufacturer _______________

**Information, Instruction and Safe Use**

1. Are there written instructions covering:
   a) any unusual hazards or complicated features? Y N N/A
   b) where appropriate, emergency shutdown? Y N N/A

2. a) Has instruction in readily comprehensible form (written or verbal) on all hazards been passed on to all those who use the equipment? Y N N/A
   b) Have any written instructions provided by the manufacturer been passed on to users? Y N N/A

3. a) Have all users of the equipment been given adequate training in correct use, risks and precautions? Y N N/A
   b) Are young persons (under 18s) given additional training and instruction? Y N N/A
   c) Is a training record kept which verifies this? Y N N/A

4. Is the equipment being used in accordance with the manufacturer’s instructions? Y N N/A

5. If it has been adapted, is the adaptation suitable and safe? Y N N/A

6. Is the equipment used in an appropriate environment? (e.g. ventilation, damp, flammable conditions) Y N N/A

7. *Does the location allow the equipment to be used safely? (consider space around moving parts and possible distractions to the operator)*
   Y N N/A

8. If the equipment may be moved, is the weight known? Y N N/A

9. a) Are the start and stop controls clearly marked? Y N N/A
   b) Are other operating controls, and the contents of any containers, clearly marked? Y N N/A

10. Are there clear warning notices or markings (e.g. to wear PPE, restriction on use, list of authorised users) where appropriate? Y N N/A

11. *Does any work equipment provided after 5th December 1998 conform with Community requirements (CE marked)?*
    Y N N/A
### Maintenance and Inspection

12. Is the equipment tested at appropriate intervals:
   a) for electrical safety? Interval: ____________________  
      (refer to the Electricity at Work Regulations 1989)  
      Y  N  N/A
   b) for any safety devices? Interval: ____________________  
      Y  N  N/A

13. *Does the safety of the work equipment rely on correct installation/re-installation (e.g. mobile scaffolds)*?  
    Y  N  N/A

14. *Could deterioration of the equipment lead to an unsafe condition*?  
    Y  N  N/A

15. a) Is the equipment inspected at regular intervals?  
    Y  N  N/A
   b) Are the inspections recorded?  
    Y  N  N/A
   c) *Is there a register of persons competent to carry out these inspections*?  
    Y  N  N/A

16. *If inadequate maintenance could cause the equipment, guards or other protection to fail in a dangerous way, is there a system of planned preventative maintenance, including where appropriate the periodic replacement or refurbishing of items before they reach the end of their useful life*?  
    Y  N  N/A

17. a) Have clear maintenance instructions been given to those responsible for maintaining the equipment?  
    Y  N  N/A
   b) *Have all maintenance operations been assessed for risk*?  
    Y  N  N/A
   c) *Is a register or other maintenance record kept*?  
    Y  N  N/A

### Specific Hazards

18. Is protection adequate in relation to:
   a) items falling from the equipment?  
    Y  N  N/A
   b) items being ejected?  
    Y  N  N/A
   c) overturning?  
    Y  N  N/A
   d) collapse?  
    Y  N  N/A
   e) overheating or fire?  
    Y  N  N/A
   f) disintegration?  
    Y  N  N/A
   g) explosion?  
    Y  N  N/A

19. *Is the equipment made stable where appropriate by bolting, clamping or tying*?  
    Y  N  N/A

20. *Is there sufficient general and (where necessary) local lighting*?  
    Y  N  N/A

21. a) *Is there protection against contact with hot or very cold temperature, so far as appropriate*?  
    Y  N  N/A
b) If the possibility of such contact is unavoidable has appropriate instruction and training been given? Y N N/A

22. In the case of pressurised equipment, is there a written scheme of examination? (This must be provided by 1.7.94 – Pressure Systems and Transportable Gas Containers Regulations 1989). Y N N/A

23. If gas fumes or dust is released when the equipment is used, is there:
   a) local exhaust ventilation, tested annually? Y N N/A
   b) a COSHH specific assessment? Y N N/A

**Dangerous Parts of Machinery**

24. Are all dangerous parts of machinery adequately guarded? Y N N/A

25. Are all guards sound and in good working order? Y N N/A

26. Do guards permit an adequate view of the operation where this is necessary? Y N N/A

27. Is it difficult to bypass or disable guards? Y N N/A

28. Can the machinery only be started when a specific labelled start device is used? (N.B. the normal cycle of automated machinery is exempt from this requirement.) Y N N/A

29. Is it **impossible** to start the machine just by resetting a safety device? Y N N/A

30. Is there a readily accessible stop device which stops the machinery in a safe way? Y N N/A

31. Where appropriate (i.e. where in a foreseeable emergency it could help), is there a prominent, easily accessible emergency stop device? Y N N/A

32. Can controls be operated safely and easily? Y N N/A

33. Is there any system of work which ensures that nobody is in a dangerous position when machinery is about to be started? Y N N/A

34. Does the start device need to be activated to start the machine if:
   a) the power fails? Y N N/A
   b) a control or safety device fails to trip out? Y N N/A

35. If the power is isolated, does the machinery come to rest safely without the possibility of access to dangerous parts? Y N N/A

36. Can the equipment be securely isolated from power, to prevent inadvertent reconnection:
   a) by removing a plug from a socket which is easily visible to the person at risk? Y N N/A
   b) by locking it off? Y N N/A
Woodworking Machinery

37. Is suitable “limited cutter projection tooling” used where necessary?  Y  N  N/A

38. a) Has the machine been assessed for the need to fit braking devices?  Y  N  N/A

   b) If braking devices are required, have they been fitted?  Y  N  N/A

39. Is the safe working speed or the minimum saw blade diameter displayed?  Y  N  N/A

40. a) Are anti-kickback devices fitted to planing machines?  Y  N  N/A

   b) If not, are suitable notices displayed?  Y  N  N/A

Mobile Work Equipment

41. Are there clear and concise instructions forbidding the carriage of persons on mobile work equipment, unless the work equipment has been proved to be suitable?  Y  N  N/A

42. Has the equipment been assessed to ensure that all tasks can be carried out safely? (Consider seat belts, falling object protection, etc.)  Y  N  N/A

43. Is the work equipment fitted with Roll-Over Protection where necessary?  Y  N  N/A

44. Is the drive shaft between the work equipment and any accessory adequately protected against seizure and accidental contact with the ground?  Y  N  N/A

Power Presses

45. a) Is there a system for thorough examination in place?  Y  N  N/A

   b) Are all examination reports retained and available for inspection (2 years from date of examination)?  Y  N  N/A

46. a) Is there a system in place whereby a nominated competent person carries out the inspection of guards and protection devices as required by Regulation 33?  Y  N  N/A

   b) Is the current certificate of inspection displayed by the power press, and superseded certificates held for six months?  Y  N  N/A

Lifting Equipment

47. Is the work equipment classified as “lifting equipment”?  Y  N  N/A

48. If “yes”, has an assessment under LOLER 98 been completed?  Y  N  N/A

(Refer to Lifting Operations & Lifting Equipment Workbook for guidance.)
Summary

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<th>Action to be taken, in order of priority</th>
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Date by which action is to be taken: __________________________

Date for review (maximum interval 5 years): __________________________

Assessor

Name: __________________________ Signature: _________________ Date: __________

Responsible Manager

Name: __________________________ Signature: _________________ Date: __________