

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: _____ Y N N/A
(refer to the Electricity at Work Regulations 1989)
 - 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. | <i>Is suitable “limited cutter projection tooling” used where necessary?</i> | Y | N | N/A |
| 38. | a) <i>Has the machine been assessed for the need to fit braking devices?</i> | Y | N | N/A |
| | b) <i>If braking devices are required, have they been fitted?</i> | Y | N | N/A |
| 39. | <i>Is the safe working speed or the minimum saw blade diameter displayed?</i> | Y | N | N/A |
| 40. | a) <i>Are anti-kickback devices fitted to planing machines?</i> | Y | N | N/A |
| | b) <i>If not, are suitable notices displayed?</i> | Y | N | N/A |

Mobile Work Equipment

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|-----|--|---|---|-----|
| 41. | <i>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?</i> | Y | N | N/A |
| 42. | <i>Has the equipment been assessed to ensure that all tasks can be carried out safely? (Consider seat belts, falling object protection, etc.)</i> | Y | N | N/A |
| 43. | <i>Is the work equipment fitted with Roll-Over Protection where necessary?</i> | Y | N | N/A |
| 44. | <i>Is the drive shaft between the work equipment and any accessory adequately protected against seizure and accidental contact with the ground?</i> | Y | N | N/A |

Power Presses

- | | | | | |
|-----|---|---|---|-----|
| 45. | a) <i>Is there a system for thorough examination in place?</i> | Y | N | N/A |
| | b) <i>Are all examination reports retained and available for inspection (2 years from date of examination)?</i> | Y | N | N/A |
| 46. | a) <i>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?</i> | Y | N | N/A |
| | b) <i>Is the current certificate of inspection displayed by the power press, and superseded certificates held for six months?</i> | Y | N | N/A |

Lifting Equipment

- | | | | | |
|-----|---|---|---|-----|
| 47. | <i>Is the work equipment classified as “lifting equipment”?</i> | Y | N | N/A |
| 48. | <i>If “yes”, has an assessment under LOLER 98 been completed?</i> | Y | N | N/A |
| | <i>(Refer to Lifting Operations & Lifting Equipment Workbook for guidance.)</i> | | | |

Summary

Action to be taken, in order of priority	Action completed (signature)	Date

Date by which action is to be taken: _____

Date for review (maximum interval 5 years): _____

Assessor

Name: _____ Signature: _____ Date: _____

Responsible Manager

Name: _____ Signature: _____ Date: _____