

MACHINE GUARDING SINGLE MACHINE ASSESSMENT

Machine Name:	Serial Number:	Manufacture Date:
Machine Location:	Principal Use:	Date Machine Installed:

INITIAL CONSIDERATIONS

1. Can an individual be caught in, on or between two objects?
2. Can an individual be struck by an object?
3. Can an individual strike against a hazardous object?
4. What physical hazards such as heat, cold, line pressures, electrical, chemical and other hazards exist?
5. Identify - The point of operation, nip points, shear points, and other mechanical hazard locations.
6. Think: Over - Under - Around - Through

METHODS OF MACHINE SAFEGUARDING

Indicate: **S - Satisfactory** **I - Needs Improvement/Non Existent (Unsatisfactory)** **R - Needs Repair (Unsatisfactory)**

GUARDS		DEVICES		FEEDING & EJECTION METHODS	
<input type="checkbox"/> Fixed Guards	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Photoelectric Sensing	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Automatic Feed	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Interlocked Guards	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Radio frequency Sensing	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Semi-automatic Feed	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Adjustable Guards	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Electromech. Sensing	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Automatic Ejection	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Self Adjusting Guards	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Pullback System	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Semi-automatic Ejection	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Restraint System	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Robotic	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Pressure Sens. Body Bar	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Safety Tripod	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Safety Tripwire Cable	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Two-hand Control	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Two-hand Trip Control	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Interlocked Gate	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Other Gate ()	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Presence-sensing Mats	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
MISCELLANEOUS AIDS		LOCATION/DISTANCING		OTHER METHODS	
<input type="checkbox"/> Audible Warnings	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Control Station Position	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Warning Lights	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Enclosure Fences	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Color Coding	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Enclosure Walls	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Hand Feeding Tools	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Hazard Accessibility	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Awareness Barriers	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Hazard Positioning OK	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Holding Fixtures	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Machine Positioning	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Protective Shielding	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/> Reach Distances Safe	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Guard Rails	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Mechanical Barriers	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/> Appropriate Signage	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R
<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R	<input type="checkbox"/>	<input type="checkbox"/> -S <input type="checkbox"/> -I <input type="checkbox"/> -R

REMARKS CONCERNING EXISTING SAFEGUARDING CONDITIONS

☐-SEE REVERSE

RECOMMENDATIONS FOR IMPROVEMENT, MODIFICATION OR REPAIR				
INTERNAL ROUTING				
Assessment Date:	Forwarded To:	Date Received:		
	Forwarded To:	Date Received:		
	Forwarded To:	Date Received:		
Assessors Name:	Title:	Work phone		
Safeguarding Requirement:	Responsible Person/Phone:	Estimated Completion Date:		
Notes:				
		<input type="checkbox"/> Completed		Date:
Safeguarding Requirement:	Responsible Person/Phone:	Estimated Completion Date:		
Notes:				
		<input type="checkbox"/> Completed		Date:
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Notes:				
		<input type="checkbox"/> Completed		Date:
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Notes:				
		<input type="checkbox"/> Completed		Date:
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Notes:				
		<input type="checkbox"/> Completed		Date:
Safeguarding Requirement:	Responsible Person/Phone:	Estimated Completion Date:		
Notes:				
		<input type="checkbox"/> Completed		Date:
Safeguarding Requirement:	Responsible Person/Phone:	Estimated Completion Date:		
Notes:				
		<input type="checkbox"/> Completed		Date:
Additional Comments/Requirements:				
REVIEWERS ACTIONS				
<input type="checkbox"/> All Actions Completed	Diagrams/Drawings Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		Continued On Attachment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	Phone:		Recommend Further Review <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reviewer's Name:		Signature:		
ASSESSMENT FORM RETENTION INFORMATION				
Permanent Retention File:		Location:		
Date Filed:		Filed By:		Initials: