

EQUIPMENT STARTUP CHECKLIST

Format No. :
Rev. No. :
Rev. Date. :

Date: _____ Location: _____ Area: _____

Equipment ID.: _____ Equipment Name: _____

Equipment Details: _____

Checklist

#	Machine	Housekeeping 5S	Safety
01	Equipment Parameters / Settings are set properly?	Is there scrap yard / boxes is properly located?	Is there any loose wire / open wire is found at equipment?
	YES / NO. :	YES / NO. :	YES / NO. :
02	Equipments all the settings should be as per manuals?	All are required tools are deployed to easy access?	Is there electrical earth pitting is proper? Is there any earth leakage evident?
	YES / NO. :	YES / NO. :	YES / NO. :
03	Is there any leakage from equipment?	All parts of equipment are properly cleaned? Is there any corner dust or waste scrap is found?	Is there all rotating parts / danger categorist parts are with guards?
	YES / NO. :	YES / NO. :	YES / NO. :
04	Is there Oil level in equipment is sufficient?	Equipment is proper oiled at all moving parts? Grease /oils should be proper applied?	Equipment is vibrating? Which part of the equipment is much vibrating or doubt?
	YES / NO. :	YES / NO. :	YES / NO. :
05	Equipment's All electrical appliances are working properly?	All documents / tags / Labels are at place? Any authorized personnel can access easily?	Is there any enclosure for noise reduction is deployed?
	YES / NO. :	YES / NO. :	YES / NO. :
06	Is there equipment control panel is properly works? All functions are works properly?		
	YES / NO. :	YES / NO. :	YES / NO. :

		Remarks \ Comments \ Suggestions
Equipment Operator Name & Sign.	Manger – Production – Sign.	