**Daily Safety Inspection Checklist**

Date: Time:

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **Pointe and description** | **observation** | **remark** |
|  |  | **Personal safety** |  |
| 1. | scissors | Should be tied |  |
|  |  |  |  |
|  |  | **P.P.E** |  |
| 1. | Mask | Must use |  |
| 2. | Isolation mats | Must use |  |
|  |  | **Fire protection equipment** |  |
| 1. | Fire extinguishers | Not blocked |  |
| 2. | Hose reels | Not blocked |  |
| 3. | Exit doors | Not blocked |  |
| 4. | First Aid Box | Not blocked |  |
| 5. |  |  |  |
|  |  | **prohibited items** |  |
| 1. | Food items | Not allowed in working area |  |
| 2. | Mobil phone | Not allowed in working area |  |
| 3. | Personal item like bags | Not allowed |  |
| 4. | slipper /shoes | Can’t walk without this |  |
| 5. | Paint /TINNER/chemical materials/soap | should be labeled and not allowed to use in production lines |  |
|  |  | **Housekeeping** |  |
| 1. | low wipe | Low wipe is must |  |
| 2. | passages | should be clean and open |  |
| 3. | dusting | Use dust bin for rubbish |  |
| 4. | Machine | Should be clean |  |
| 5. | Water bottle | should be inside the water bottle stand |  |

1. H.S.E Specialist: -----------------------

2. Production Supervisor---------------------

3. Compliance manager-----------------------

4. Quality Supervisor----------------------------

5. Safety manager-------------------------------

6. Production manager ----------------------

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