



**Machine/Equipment  
Inventory & Energy Audit  
Checklist**  
*Environmental Health and Safety*

<b>GENERAL INFORMATION</b>			
Name of Equipment		Identification Number	
Manufacturer:		Model Number:	
Serial Number		Location of Equipment:	
<b>ENERGY SOURCE(S) POWERING THE MACHINE/EQUIPMENT</b>			
Number of Energy Sources:			
List volts, phase, and current for all electrical sources:			
<b>ENERGY SOURCES</b>		<b>IS THIS ENERGY ALSO STORED?</b>	
( ) Electrical		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
( ) Pneumatic		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
( ) Hydraulic		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
( ) Gravity		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
( ) Mechanical		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
( ) Thermal		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
( ) Other (e.g., chemical)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
<b>POTENTIAL HAZARDS</b>			
( ) Crushed Bones      ( ) Cuts                      ( ) Entanglement      ( ) Bruises			
( ) Electrocution      ( ) Pressure Release      ( ) Burns                      ( ) Other: _____			
<b>ENERGY ISOLATING DEVICES (e.g., circuit breakers, ball valves)</b>			
Device/Operation:		Lockout Capable? ( ) Yes ( ) No	
Location:			

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Location:	

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Location:	

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Location:	

Device/Operation:	Lockout Capable? ( ) Yes ( ) No
Location:	

**WRITTEN EQUIPMENT SPECIFIC PROCEDURE**

Written procedure required? ( ) Yes ( ) No
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Name of Surveyor:	Title:	Date:
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