

# Inspection Report

Pass / Fail: 100% Passed / 0% Failed

Time to Conduct Audit: 5 minutes

Auditor: Dave Gaudreau

Inspected Date: Apr 19, 2023

Department: Machine Shop

Machine: Alpmac Brake Press

Model Number:

Manufacturer: Alpmac

Serial Number:

|   | Activity Task | Hazard            | Sev | Exp | Avd | Total     | Current Safeguards | Corrective Action | WO Num | Assigned to |
|---|---------------|-------------------|-----|-----|-----|-----------|--------------------|-------------------|--------|-------------|
| 1 | Press Parts   | Crush, amputation | 3   | 2   | 2   | PR1<br>12 | Laser              | <b>Pass</b>       |        |             |
| 2 | Setup at Rear | Access from rear  | 3   | 2   | 2   | PR1<br>12 | Light Curtain      | <b>Pass</b>       |        |             |
| 3 | Service Press | Crush             | 2   | 2   | 2   | PR1<br>8  | Fixed barriers     | <b>Pass</b>       |        |             |

Machine Specific

|   | Question                                                         | Corrective Action | Pass/Fail | Work Order Number | Assigned to |
|---|------------------------------------------------------------------|-------------------|-----------|-------------------|-------------|
| 1 | Safe Work Procedure posted?                                      |                   | Pass      |                   |             |
| 2 | Are all Emergency Stops clearly marked and functioning properly? |                   | Pass      |                   |             |

# Department Specific

|   | Question                                                                      | Corrective Action | Pass/Fail | Work Order Number | Assigned to |
|---|-------------------------------------------------------------------------------|-------------------|-----------|-------------------|-------------|
| 1 | Are Emergency Exits clear and unobstructed?                                   |                   | Pass      |                   |             |
| 2 | Are Emergency Exits clearly identified?                                       |                   | Pass      |                   |             |
| 3 | Are Fire Extinguishers/Fire Control Equipment clearly visible and identified? |                   | Pass      |                   |             |
| 4 | Have the Fire Extinguishers/Fire Control Equipment been recently inspected?   |                   | Pass      |                   |             |
| 5 | Are the Eyewash Stations working and clean, and unobstructed?                 |                   | Pass      |                   |             |
| 6 | Is Access to the Electrical Panels clear and unobstructed?                    |                   | Pass      |                   |             |

|    |                                                                          |  |      |  |  |
|----|--------------------------------------------------------------------------|--|------|--|--|
| 7  | Are carts in good condition?                                             |  | Pass |  |  |
| 8  | Is the lighting all functioning properly and adequate for the area?      |  | Pass |  |  |
| 9  | Are noise levels adequate with PPE, any high impulse or continual noise? |  | Pass |  |  |
| 10 | Is the temperature in the area comfortable to work in?                   |  | Pass |  |  |
| 11 | Are all air quality systems working (dust, fumes or vapour present)?     |  | Pass |  |  |
| 12 | Is the housekeeping (floor and work surfaces) sufficient for the area?   |  | Pass |  |  |
| 13 | Are the employees using their PPE?                                       |  | Pass |  |  |
| 14 | Are all controlled substances labelled in accordance with GHS standards? |  | Pass |  |  |

|                 |                 |                    |            |          |
|-----------------|-----------------|--------------------|------------|----------|
| <b>Initials</b> | General Manager | Production Manager | Supervisor | Employee |
|-----------------|-----------------|--------------------|------------|----------|