

# Inspection Report

Pass / Fail: 100% Passed / 0% Failed

Time to Conduct Audit: 1 minutes

Auditor: Sivakumar Seru

Inspected Date: Jun 27, 2023

Department: Lab

Machine: Testing Sieve Shaker #9080

Model Number: 11082

Manufacturer: Ro-Tap

Serial Number: 9080

|   | Activity Task          | Hazard                 | Sev | Exp | Avd | Total    | Current Safeguards | Corrective Action | WO Num | Assigned to |
|---|------------------------|------------------------|-----|-----|-----|----------|--------------------|-------------------|--------|-------------|
| 1 | Point of Operation     | Vibration              | 1   | 1   | 1   | PR4<br>1 | Base and enclosure |                   |        |             |
| 2 | Third Party Protection | Vibration              | 1   | 1   | 1   | PR4<br>1 | Base and enclosure |                   |        |             |
| 3 | Power Transmission     | Entanglement and crush | 1   | 1   | 1   | PR4<br>1 | fixed guarding     |                   |        |             |
| 4 | Other Hazards          | Loud noise             | 1   | 1   | 1   | PR4<br>1 | Sound enclosure    |                   |        |             |

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 | Are all the sprinkler heads in your location unobstructed?                    |                   | Pass      |                   |             |

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

|    |                                                                          |  |      |  |  |
|----|--------------------------------------------------------------------------|--|------|--|--|
| 15 | Are all controlled substances labelled in accordance with GHS standards? |  | Pass |  |  |
|----|--------------------------------------------------------------------------|--|------|--|--|

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