

# Inspection Report

Auditor: Jon Kilcullen  
Inspected Date: Sep 01, 2023

Department: Welding  
Machine: Miller WC 553 (M893)  
Model Number: N/A  
Manufacturer: Miller  
Serial Number: N/A

|   | Activity Task          | Hazard                                                                   | Sev | Exp | Avd | Total    | Current Safeguards                        | Corrective Action | WO Num | Assigned to |
|---|------------------------|--------------------------------------------------------------------------|-----|-----|-----|----------|-------------------------------------------|-------------------|--------|-------------|
| 1 | Point of Operation     | Entanglement or crush in rotating parts. Welding burn or flash from rod. | 2   | 2   | 1   | PR2<br>4 | Interlocked chuck door. Welding curtains. |                   |        |             |
| 2 | Third Party Protection | Entanglement or crush in rotating parts. Welding burn or flash from rod. | 2   | 2   | 1   | PR2<br>4 | Welding curtains                          |                   |        |             |
| 3 | Power Transmission     | Entanglement or crush                                                    | 2   | 2   | 1   | PR2<br>4 | barrier guards                            |                   |        |             |
| 4 | Other Hazards          | Fumes                                                                    | 2   | 2   | 1   | PR2<br>4 | extraction                                |                   |        |             |

Machine Specific

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

# Department Specific

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

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

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

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