

# Inspection Report

Pass / Fail: 100% Passed / 0% Failed

Time to Conduct Audit: 1 minutes

Auditor: Marianne Montilla

Inspected Date: Sep 18, 2023

Department: Pattern Shop

Machine: First Vertical Mill

Model Number: LC-20VS3

Manufacturer: First

Serial Number: 71101387 M-0004-00

|   | Activity Task       | Hazard                                                                       | Sev | Exp | Avd | Total    | Current Safeguards                                           | Corrective Action | WO Num | Assigned to |
|---|---------------------|------------------------------------------------------------------------------|-----|-----|-----|----------|--------------------------------------------------------------|-------------------|--------|-------------|
| 1 | Mill Parts          | Entanglement in rotating spindle and tool. Laceration or amputation by tool. | 2   | 1   | 1   | PR3<br>2 | Awareness guard around spindle. Bellows over table movement. | Pass              |        |             |
| 2 | Walk Around Machine | Entanglement in rotating spindle and tool. Laceration or amputation by tool  | 2   | 1   | 1   | PR3<br>2 | Located against wall restricts access.                       | Pass              |        |             |
| 3 | Mill Parts          | crush and entangle-power transmission                                        | 2   | 1   | 1   | PR3<br>2 | fixed guard                                                  | Pass              |        |             |

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      |                   |             |

|    | Question                                                                 | Corrective Action | Pass/Fail | Work Order Number | Assigned to |
|----|--------------------------------------------------------------------------|-------------------|-----------|-------------------|-------------|
| 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      |                   |             |

|    | Question                                                                 | Corrective Action | Pass/Fail | Work Order Number | Assigned to |
|----|--------------------------------------------------------------------------|-------------------|-----------|-------------------|-------------|
| 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      |                   |             |

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