

# Inspection Report

Pass / Fail: 96% Passed / 4% Failed

Time to Conduct Audit: 7 minutes

Auditor: Jon Kilcullen

Inspected Date: Dec 22, 2023

Department: Welding

Machine: Welding Lathe WC 563 (M950)

Model Number:

Manufacturer:

Serial Number:

|   | Activity Task   | Hazard                     | Sev | Exp | Avd | Total    | Current Safeguards             | Corrective Action | WO Num | Assigned to |
|---|-----------------|----------------------------|-----|-----|-----|----------|--------------------------------|-------------------|--------|-------------|
| 1 | Load parts      | Msi due to heavy parts     | 2   | 2   | 2   | PR1<br>8 | Automation for lifting         | Pass              |        |             |
| 2 | Unload part     | Burn from hot part         | 2   | 2   | 2   | PR1<br>8 | Burn sleeves,<br>Cooling chute | Pass              |        |             |
| 3 | Welding         | Inhalation of fumes        | 1   | 2   | 2   | PR3<br>4 | Fume extraction                | Pass              |        |             |
| 4 | Setting up part | Crush when moving carriage | 2   | 2   | 1   | PR2<br>4 | Handle                         | Pass              |        |             |
| 5 | Clamp part      | Crush, amputate            | 2   | 2   | 2   | PR1<br>8 | Two hand controls              | Pass              |        |             |

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|---|----------------------------|-----------------------------------------|-----|-----|-----|-----------|-------------------------------|-------------------|--------|-------------|
| 6 | Welding                    | Flash & Ray Burn                        | 3   | 2   | 2   | PR1<br>12 | Glasses,<br>interlocked guard | <b>Pass</b>       |        |             |
| 7 | Welding                    | Spatter, burn,<br>entangle              | 3   | 2   | 2   | PR1<br>12 | Interlocked<br>guard, Boots   | <b>Pass</b>       |        |             |
| 8 | Welding -<br>working alone | Working alone - no<br>help in emergency | 3   | 2   | 2   | PR1<br>12 | None                          | <b>Pass</b>       |        |             |

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|   | 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      |                   |             |

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|   | Question                                                                      | Corrective Action                   | Pass/Fail | Work Order Number | Assigned to |
|---|-------------------------------------------------------------------------------|-------------------------------------|-----------|-------------------|-------------|
| 1 | Are Emergency Exits clear and unobstructed?                                   |                                     | N/A       |                   |             |
| 2 | Are Emergency Exits clearly identified?                                       |                                     | N/A       |                   |             |
| 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?                 | There are no eye wash stations here | Fail      |                   |             |

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|----|--------------------------------------------------------------------------|-------------------|-----------|-------------------|-------------|
| 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      |                   |             |

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| 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 |
|-----------------|-----------------|--------------------|--------------------------------------------------------------------------------------------------|----------|