

# Inspection Report

Auditor: Eugenio Reyes  
Inspected Date: Feb 16, 2024

Department: Skiving  
Machine: Coining Machine WC 87  
Model Number:  
Manufacturer:  
Serial Number:

|   | Activity Task    | Hazard           | Sev | Exp | Avd | Total    | Current Safeguards | Corrective Action | WO Num | Assigned to |
|---|------------------|------------------|-----|-----|-----|----------|--------------------|-------------------|--------|-------------|
| 1 | Press Parts      | Crush from press | 2   | 2   | 1   | PR2<br>4 | Two hand controls  |                   |        |             |
| 2 | Deliver Material | Crush from press | 2   | 2   | 1   | PR2<br>4 | None               |                   |        |             |

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|   | 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? |                   |           |                   |             |

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|---|-------------------------------------------------------------------------------|-------------------|-----------|-------------------|-------------|
| 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?                 |                   |           |                   |             |

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|----|--------------------------------------------------------------------------|-------------------|-----------|-------------------|-------------|
| 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? |                   |           |                   |             |

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| 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? |                   |           |                   |             |

|          |                 |                    |                                                                                                  |                                                                                                |
|----------|-----------------|--------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Initials | General Manager | Production Manager | Supervisor  | Employee  |
|----------|-----------------|--------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|