

# Inspection Report

Pass / Fail: 100% Passed / 0% Failed  
Time to Conduct Audit: 0 minutes  
Auditor: Dave Gaudreau  
Inspected Date: Mar 22, 2024

Department: Machine Shop  
Machine: 20 Ton Hydraulic Press  
Model Number: KHP-20T-GGN  
Manufacturer: King Canada  
Serial Number: 19438-005

|   | Activity Task   | Hazard                 | Sev | Exp | Avd | Total | Current Safeguards                 | Corrective Action | WO Num | Assigned to |
|---|-----------------|------------------------|-----|-----|-----|-------|------------------------------------|-------------------|--------|-------------|
| 1 | Operate machine | Struck by ejected part | 2   | 2   | 2   | PR1 8 | Ejection curtain on front and back | Pass              |        |             |

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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?                                   |                   | 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      |                   |             |

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|----|--------------------------------------------------------------------------|-------------------|-----------|-------------------|-------------|
| 6  | Is Access to the Electrical Panels clear and unobstructed?               |                   | Pass      |                   |             |
| 7  | Are carts in good condition?                                             |                   | Pass      |                   |             |
| 8  | Is the lighting all functioning properly and adequate for the area?      |                   | Pass      |                   |             |
| 9  | Are noise levels adequate with PPE, any high impulse or continual noise? |                   | Pass      |                   |             |
| 10 | Is the temperature in the area comfortable to work in?                   |                   | Pass      |                   |             |

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| 11 | Are all air quality systems working (dust, fumes or vapour present)?     |                   | Pass      |                   |             |
| 12 | Is the housekeeping (floor and work surfaces) sufficient for the area?   |                   | Pass      |                   |             |
| 13 | Are the employees using their PPE?                                       |                   | Pass      |                   |             |
| 14 | Are all controlled substances labelled in accordance with GHS standards? |                   | Pass      |                   |             |