

# Inspection Report Summary

Department: Welding

Machine: Miller WC 551 (M11Y)

Pass / Fail: 95% Passed / 5% Failed

Time to Conduct Audit: 18 minutes

Auditor: Jon Kilcullen

Inspected Date: May 27, 2024

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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     | Crush or burn from welding rod | 1   | 2   | 1   | PR3<br>2 | Two hand controls  | Pass              |        |             |
| 2 | Third Party Protection | Crush or burn from welding rod | 1   | 2   | 1   | PR3<br>2 | Automatic curtain  | Pass              |        |             |
| 3 | Power Transmission     | entanglement or crush          | 1   | 2   | 1   | PR3<br>2 | fixed guarding     | Pass              |        |             |
| 4 | Other Hazards          | Fumes from weld exhaust.       | 1   | 2   | 1   | PR3<br>2 | Automatic curtain. | 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?                                   |                                                                                                 | 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?                 | I will clean this station by the end of the hour and send pictures to everyone before and after | 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      |                   |             |