

# Inspection Report Summary

Department: Rod Machining

Machine: Okuma WC 136 (M190)

Pass / Fail: 100% Passed / 0% Failed

Time to Conduct Audit: 36 minutes

Auditor: Ruben Abrenica

Inspected Date: Jul 11, 2024

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Machine: Okuma WC 136 (M190)

Model Number: L1060

Manufacturer: Okuma

Serial Number: 1877

|   | Activity Task            | Hazard                              | Sev | Exp | Avd | Total     | Current Safeguards                         | Corrective Action | WO Num | Assigned to |
|---|--------------------------|-------------------------------------|-----|-----|-----|-----------|--------------------------------------------|-------------------|--------|-------------|
| 1 | Loading Parts            | Crush/pinch hand in clamp.          | 3   | 2   | 2   | PR1<br>12 | Interlocked door on front of machine.      | Pass              |        |             |
| 2 | Removing metal stringers | Pinch or drawn in by swarf conveyor | 2   | 2   | 2   | PR1<br>8  | Swarf conveyor is guarded and interlocked. | Pass              |        |             |
| 3 | Machining Parts          | Entanglement in rotating chuck.     | 3   | 2   | 2   | PR1<br>12 | Interlocked door                           | Pass              |        |             |

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Department: Rod Machining  
Machine: Okuma WC 136 (M190)  
Model Number: L1060  
Manufacturer: Okuma  
Serial Number: 1877

|   | 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? |                   | N/A       |                   |             |
| 4 | Have the Fire Extinguishers/Fire Control Equipment been recently inspected?   |                   | N/A       |                   |             |
| 5 | Are the Eyewash Stations working and clean, and unobstructed?                 |                   | N/A       |                   |             |

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|    | 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?               |                   | N/A       |                   |             |
| 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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|    | 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? |                   | N/A       |                   |             |

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