

# **Inspection Report Summary**

Department: Pattern Shop

Machine: Ibarma Drill Press

Auditor: Karanvir Singh

Inspected Date: Feb 01, 2025

# Inspection Report

Auditor: Karanvir Singh  
Inspected Date: Feb 01, 2025

Department: Pattern Shop  
Machine: Ibarmia Drill Press  
Model Number: B-70  
Manufacturer: Ibarmia  
Serial Number: 570-P M0088

|   | Activity Task | Hazard                                                                          | Sev | Exp | Avd | Total    | Current Safeguards              | Corrective Action | WO Num | Assigned to |
|---|---------------|---------------------------------------------------------------------------------|-----|-----|-----|----------|---------------------------------|-------------------|--------|-------------|
| 1 | Drill Parts   | Entanglement in rotating spindle and tool.<br>Laceration or amputation by tool. | 2   | 2   | 2   | PR1<br>8 | Awareness guard around spindle. |                   |        |             |

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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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|   | Question                                                                      | Corrective Action | Pass/Fail | Work Order Number | Assigned to |
|---|-------------------------------------------------------------------------------|-------------------|-----------|-------------------|-------------|
| 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 | KSH | Employee | D/Br |
|----------|-----------------|--------------------|------------|-----|----------|------|