# Inspection Report Summary

Department: Maintenance
Machine: Maintenance - Small Grinder

Pass / Fail: 100% Passed / 0% Failed
Time to Conduct Audit: 23 minutes
Auditor: Jhonalee Pertubal
Inspected Date: Mar 06, 2025

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Time to Conduct Audit: 23 minutes
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Department: Maintenance
Machine: Maintenance - Small Grinder
Model Number: N/A
Manufacturer: JET
Serial Number: N/A

| | Activity Task | Hazard | Sev | Exp | Avd | Total | Current Safeguards | Corrective Action | WO Num | Assigned to |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Point of Operation | Risk of severe injury due to intentional startup of equipment from other employees (other than millwrights) | 2 | 2 | 2 | PR1 8 | Millwrights have keys to equipment. Procedures are in place, all equipment is key controlled/specialized guarding installed | **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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| 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 | 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 | | |



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