# Inspection Report Summary

Department: QA
Machine: Brinell Hardness Tester

Pass / Fail: 100% Passed / 0% Failed
Time to Conduct Audit: 8 minutes
Auditor: Gaganjit Singh
Inspected Date: Apr 07, 2025

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Time to Conduct Audit: 8 minutes
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Department: QA
Machine: Brinell Hardness Tester
Model Number: VD1
Manufacturer: Air-O-Brine
Serial Number: 106674

| | Activity Task | Hazard | Sev | Exp | Avd | Total | Current Safeguards | Corrective Action | WO Num | Assigned to |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Point of Operation | Pinch. Struck by flying part. | 2 | 1 | 1 | PR3 2 | Two-hand trigger (not hold-to-run). Hold-to-run foot pedal. Front shield. | **Pass** | | |
| 2 | Third Party Protection | Struck by flying part | 2 | 1 | 1 | PR3 2 | Located against a fence. Partial front shield. | **Pass** | | |
| 3 | Power Transmission | Crush | 2 | 1 | 1 | PR3 2 | Fixed barriers | **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 |
|---|---|---|---|---|