

Inspection Report Summary

Department: Welding

Machine: Laser Welding

Pass / Fail: 100% Passed / 0% Failed

Time to Conduct Audit: 3 minutes

Auditor: Andrew Findlay

Inspected Date: May 16, 2025

Inspection Report

Pass / Fail: 100% Passed / 0% Failed

Time to Conduct Audit: 3 minutes

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Department: Welding

Machine: Laser Welding

Model Number: LHW-1500-XC-10

Manufacturer: IPG Photonics

Serial Number: LWXC32303021

	Activity Task	Hazard	Sev	Exp	Avd	Total	Current Safeguards	Corrective Action	WO Num	Assigned to
1	Set up of the equipment and fixtures	Pinch points	1	2	1	PR3 2	none	Pass		
2	Load product into the fixture or work table	Pinch points	1	2	1	PR3 2	Wear cut resistant gloves / Keep hands in a safe area	Pass		
3	Load product into the fixture or work table	Struck by heavy objects	1	2	1	PR3 2	Wear metguard safety footwear	Pass		
4	Load product into the fixture or work table	MSI (back / shoulder)	2	2	1	PR2 4	Limitation of parts weight	Pass		
5	Weld parts	Laser beam	2	2	1	PR2 4	Interlock doors, Personal Protective equipment	Pass		

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	Activity Task	Hazard	Sev	Exp	Avd	Total	Current Safeguards	Corrective Action	WO Num	Assigned to
6	Weld parts	Welding fumes	2	2	1	PR2 4	Exhaust ventilation	Pass		
7	4. Remove product from table, load into cart and move to appropriate store area	MSI (back)	2	2	1	PR2 4	Cart weight limits (OP sheet)	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?		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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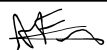
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	Question	Corrective Action	Pass/Fail	Work Order Number	Assigned to
6	Are all the sprinkler heads in your location unobstructed?		Pass		
7	Is Access to the Electrical Panels clear and unobstructed?		Pass		
8	Are carts in good condition?		Pass		
9	Is 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?		N/A		
15	Are all controlled substances labelled in accordance with GHS standards?		Pass		

Initials	General Manager	Production Manager	Supervisor 	Employee
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