

# Inspection Report Summary

|                 |                          |
|-----------------|--------------------------|
| Department:     | Machine Shop             |
| Machine:        | Allsteel Shear           |
| Pass / Fail:    | 82 % Passed / 0 % Failed |
| Time to Audit:  | 2 minutes                |
| Auditor:        | —                        |
| Inspected Date: | Sep 2, 2025              |

# Inspection Report

**Facility:** Fleet Management Agency

**Department:** Machine Shop

**Machine:** Allsteel Shear

**Model Number:** N/A

**Manufacturer:** Allsteel

**Serial Number:** N/A



**Machine Specific**

| # | Question                                                         | Corrective Action | Result |
|---|------------------------------------------------------------------|-------------------|--------|
| 1 | Safe Work Procedure posted?                                      |                   | Pass   |
| 2 | Are all Emergency Stops clearly marked and functioning properly? |                   | Pass   |

## Department Specific

| #  | Question                                                                      | Corrective Action | Result |
|----|-------------------------------------------------------------------------------|-------------------|--------|
| 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   |
| 6  | Are all the sprinkler heads in your location unobstructed?                    |                   | N/A    |
| 7  | Is Access to the Electrical Panels clear and unobstructed?                    |                   | Pass   |
| 8  | Are carts in good condition?                                                  |                   | N/A    |
| 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   |
| 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    |

**Supervisor Signature:**

