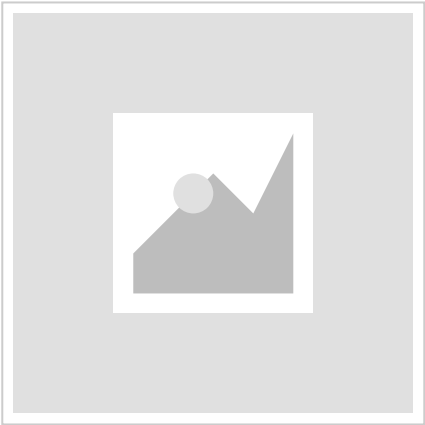


Inspection Report Summary

Department:	Test
Machine:	Test Border Yellow 2
Pass / Fail:	0 % Passed / 0 % Failed
Time to Audit:	1 minutes
Auditor:	—
Inspected Date:	Oct 14, 2025

Inspection Report

Facility: EHS Demo
Department: Test
Machine: Test Border Yellow 2
Model Number:
Manufacturer:
Serial Number:



Machine Specific

#	Question	Corrective Action	Pass/Fail
1.	Safe Work Procedure posted?		
2.	Are all Emergency Stops clearly marked and functioning properly?		

Department Specific

#	Question	Corrective Action	Pass/Fail
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?		
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?		
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?		

Supervisor Signature: