

Inspection Report Summary

Department:	Test
Machine:	Test Oct 8 JBG Risk Assessment 2
Pass / Fail:	0 % Passed / 0 % Failed
Time to Audit:	0 minutes
Auditor:	—
Inspected Date:	Oct 14, 2025

Inspection Report

Facility: EHS Demo

Department: Test

Machine: Test Oct 8 JBG Risk Assessment 2

Model Number:

Manufacturer:

Serial Number:



Machine Specific

Activity/Tasks	Hazards	Corrective Action	Pass/Fail	Severity	Exposure	Avoidance	Total	Current Safeguards	Recommended Improvements
Load tank onto rack	Struck by robot			3	2	2	PR1 12	Dynamic limiting requirements with safe distance from robot motion	
Load fittings into fixture	Struck by robot, struck by rotating table			3	2	2	PR1 12	Perimeter fence with safety scanner	Manual reset of safety scanner
Unload tanks	Struck by robot			3	2	2	PR1 12	Perimeter fence	Reduce opening at tank outfeed
Unload tanks	Musculoskeletal injury from bending and lifting			2	2	2	PR1 8	Inclined conveyor at outfeed, lifting within operator strike zone	
Enter robot cell for operational tasks	Struck, crush by robot			3	2	2	PR1 12	Interlocked perimeter gate	Manual reset of interlocked gate
Set up/ program robots	Struck, crush by robot			3	1	2	PR2 6	Teaching pendant with 3-position enable, slow speed and estop	
Maintenance, cleaning, repair, unjammig	Crush, struck, entangle by robot or end effectors			3	1	2	PR2 6	Energy control policy and procedure	
Third party access around cell	Crush, struck by robots			3	2	2	PR1 12	Safe distance between perimeter fence and restricted space of robots	

#	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?		

Signatures (capture on paper after printing): _____