

Inspection Report Summary

Department:	Retail Shred
Machine:	Box Maker - Retail
Pass / Fail:	100 % Passed / 0 % Failed
Time to Audit:	3 minutes
Auditor:	—
Inspected Date:	Oct 29, 2025

Inspection Report

Facility: Calgary - Oct 2021

Department: Retail Shred

Machine: Box Maker - Retail

Model Number: TF-G1 1501

Manufacturer: Delkor

Serial Number:



Machine Specific

Activity/Tasks	Hazards	Corrective Action	Pass/Fail	Severity	Exposure	Avoidance	Total	Current Safeguards	Recommended Improvements
Bystander or operator, all tasks, accidental contact, clearing jam-ups, misadventure	Reach in to belt nips at end rollers		Pass	2	2	2	PR18	Interlocked guarding removes power to the conveyor motors	Restrict access to conveyor nip points (box infeed)
Bystander or operator, all tasks, accidental contact	Struck by objects thrown out of machine during normal operation		Pass	2	1	2	PR24	PPE, appropriate operating practices	
Maintenance	Struck or pinched by any moving parts		Pass	2	1	1	PR42	Lock-out procedure, due to the possibility of trapped compressed air, special precautions are necessary for releasing this pressure where relevant.	
Clear jam-up	Abnormal ejection of parts from the machine (product and loose machine parts), impact, release of stored energy in jammed pneumatic mechanism		Pass	2	1	1	PR42	User is responsible for releasing stored pneumatic energy in a jammed mechanism before reaching into it.	

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

Department Specific

#	Question	Corrective Action	Pass/Fail
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?		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
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

Safety Rep Signature:



Supervisor Signature:

