

# Inspection Report Summary

|                 |                                             |
|-----------------|---------------------------------------------|
| Department:     | Corrugator                                  |
| Machine:        | 10 Corrugator - Dry End - Shear Knife (New) |
| Pass / Fail:    | 82 % Passed / 0 % Failed                    |
| Time to Audit:  | 11 minutes                                  |
| Auditor:        | Johnny Towns                                |
| Inspected Date: | Dec 6, 2025                                 |

# Inspection Report

**Facility:** Cascades Winnipeg

**Department:** Corrugator

**Machine:** 10 Corrugator - Dry End - Shear Knife (New)

**Model Number:**

**Manufacturer:** Marquip Ward United BW Papersystems

**Serial Number:**



## Machine Specific

| Activity/Tasks                                                                                       | Hazards                                                                                                | Corrective Action | Pass/Fail | Severity | Exposure | Avoidance | Total    | Current Safeguards                                              | Recommended Improvements |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------|-----------|----------|----------|-----------|----------|-----------------------------------------------------------------|--------------------------|
| Operational or incidental access while unjamming shear knife from in-feed side                       | Automated motion causing severe laceration or amputation and incidental contact with out-feed of belts |                   | Pass      | 3        | 2        | 1         | PR2<br>6 | Interlocked guarding at point of entry                          |                          |
| Operational or incidental access while unjamming shear knife from top-feed side                      | Automated motion causing severe laceration or amputation                                               |                   | Pass      | 3        | 2        | 1         | PR2<br>6 | Interlocked guarding at point of entry                          |                          |
| Operational or incidental access while unjamming shear knife from out-feed side                      | Automated motion causing severe laceration or amputation                                               |                   | Pass      | 3        | 2        | 1         | PR2<br>6 | Interlocked guarding at point of entry                          |                          |
| Operational or incidental access while manual activating shear knife                                 | Automated motion causing severe laceration or amputation                                               |                   | Pass      | 3        | 2        | 1         | PR2<br>6 | Interlocked guarding at all points of entry and manual controls |                          |
| Operational or incidental access while reaching into the shear knife zone and contacting running web | Laceration and burns                                                                                   |                   | Pass      | 2        | 2        | 1         | PR2<br>4 | Guarding at both side of shear knife to eliminate access        |                          |

| Activity/Tasks                                             | Hazards | Corrective Action | Pass/Fail | Severity | Exposure | Avoidance | Total    | Current Safeguards                                                                            | Recommended Improvements |
|------------------------------------------------------------|---------|-------------------|-----------|----------|----------|-----------|----------|-----------------------------------------------------------------------------------------------|--------------------------|
| Access or removal or placement of chop out collection cart | Strains |                   | Pass      | 2        | 2        | 1         | PR2<br>4 | Interlocked removal and exchange process, cart condition good, and ease of access (clearance) |                          |

| #  | 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?                                   |                   | N/A       |
| 2.  | Are Emergency Exits clearly identified?                                       |                   | N/A       |
| 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)?          |                   | N/A       |
| 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      |

**Supervisor Signature:**

