

# Inspection Report Summary

|                 |                           |
|-----------------|---------------------------|
| Department:     | Machine Shop              |
| Machine:        | CNC Machining Centre      |
| Pass / Fail:    | 100 % Passed / 0 % Failed |
| Time to Audit:  | 1 minutes                 |
| Auditor:        | Kristin Petaski           |
| Inspected Date: | Dec 10, 2025              |

# Inspection Report

**Facility:** EHS Demo

**Department:** Machine Shop

**Machine:** CNC Machining Centre

**Model Number:** MA452

**Manufacturer:** Seiki

**Serial Number:** 49372342



Machine Specific

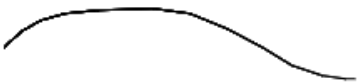
| Activity/Tasks | Hazards | Corrective Action | Pass/Fail | Severity | Exposure | Avoidance | Total    | Current Safeguards | Recommended Improvements |
|----------------|---------|-------------------|-----------|----------|----------|-----------|----------|--------------------|--------------------------|
| Test           | Test    |                   |           | 1        | 1        | 1         | PR4<br>1 | Test               |                          |

| #  | 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?                                   |                   |           |
| 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?      |                   |           |

**Safety Rep Signature:**



**Supervisor Signature:**

