Inspection Report Summary

Department:	Shipping
Machine:	WRAP-01
Pass / Fail:	100 % Passed / 0 % Failed
Time to Audit:	90 minutes
Auditor:	Cody Black
Inspected Date:	Jan 6, 2026

Inspection Report

Facility: Custom Castings

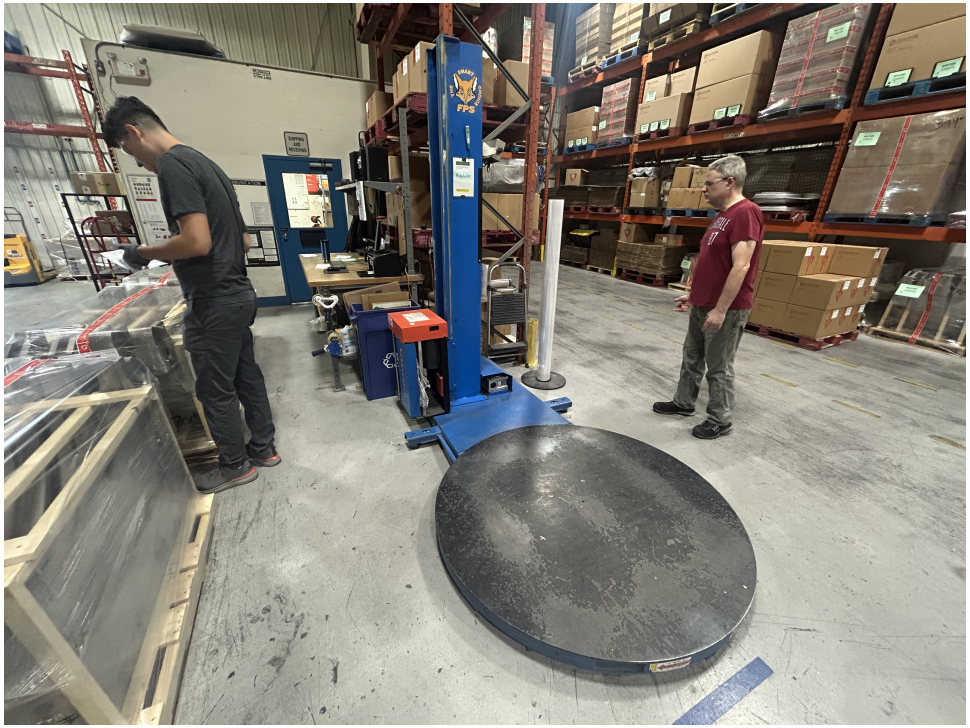
Department: Shipping

Machine: WRAP-01

Model Number: FPS 200

Manufacturer: Fox Packaging Service

Serial Number: 200-041221-84



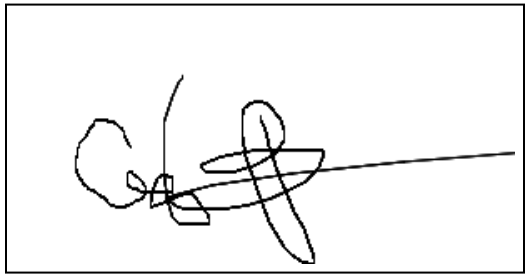
Machine Specific

Activity/Tasks	Hazards	Corrective Action	Pass/Fail	Severity	Exposure	Avoidance	Total	Current Safeguards	Recommended Improvements
Operate machine	Struck by turn table/pallet		Pass	2	2	2	PR1 8	Operator controls 3rd party access, machine runs slow speed.	
Operate machine	Entangle or crush in power transmission devices		Pass	2	2	2	PR1 8	Fixed guard	

#	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.	The floors are clear of debris, loose material and trip hazards.		Pass
2.	The floors are not slippery or wet and there are no spills.		Pass
3.	Floors around furnaces and equipment are in good condition.		Pass
4.	Aisle are clear, no obstructions.		Pass
5.	Exits are clear and functioning.		Pass
6.	Fire extinguishers are clear of obstruction and are inspected regularly.		Pass
7.	Fire blanket(s) are in their holders and instructions are legible.		N/A
8.	Electrical panels have one meter clearance and are free of clutter.		N/A
9.	Chemical substances are properly labelled.		Pass
10.	Required Personal Protective Equipment (PPE) is available and being worn.		Pass
11.	Crane(s) and/or forklift(s) in good working order. Daily inspection log up to date.		Pass
12.	All equipment in good working order with proper guarding.		Pass
13.	Compressed gas cylinders clean, stored safely and secure.		N/A
14.	Extension cords and torch hoses do not pose a tripping hazard.		Pass
15.	There are no leaks; (oil, gas, water or compressed air).		Pass
16.	Storage shelves and are in good condition and are loaded only to capacity.		Pass
17.	HVAC and exhaust system in working order and being used.		Pass

Safety Rep Signature:

Supervisor Signature: