

# Inspection Report Summary

|                 |                          |
|-----------------|--------------------------|
| Department:     | Paint Line               |
| Machine:        | Paint Line Loading WC631 |
| Pass / Fail:    | 95 % Passed / 5 % Failed |
| Time to Audit:  | 9 minutes                |
| Auditor:        | Oleh Shved               |
| Inspected Date: | Jul 13, 2026             |

# Inspection Report

**Facility:** Burmac

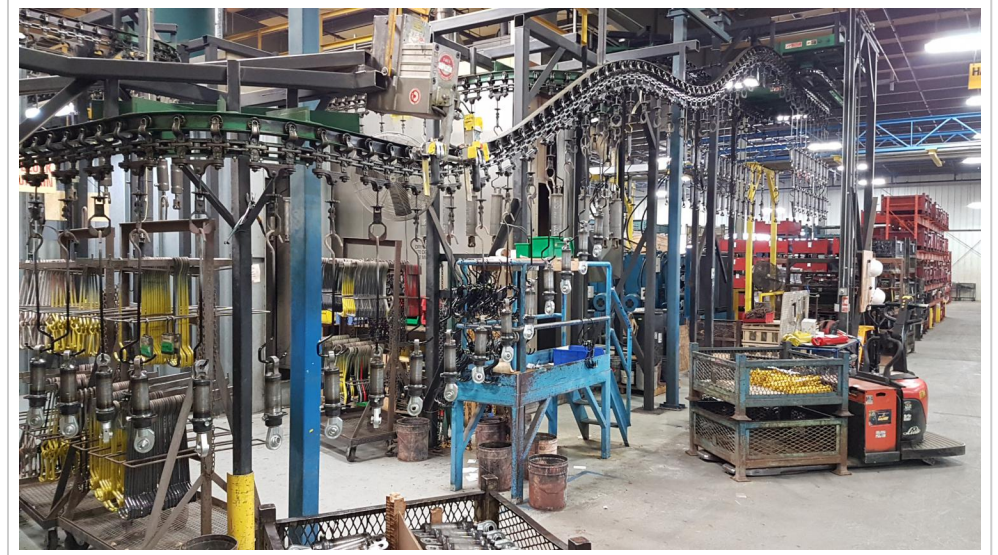
**Department:** Paint Line

**Machine:** Paint Line Loading WC631

**Model Number:**

**Manufacturer:**

**Serial Number:**



## Machine Specific

| Activity/Tasks  | Hazards                      | Corrective Action | Pass/Fail | Severity | Exposure | Avoidance | Total    | Current Safeguards        | Recommended Improvements |
|-----------------|------------------------------|-------------------|-----------|----------|----------|-----------|----------|---------------------------|--------------------------|
| Hang Parts      | Struck by - moving parts     |                   | Pass      | 1        | 2        | 2         | PR2<br>4 | Front Loading             |                          |
| Hang Parts      | Struck by - moving equipment |                   | Pass      | 2        | 2        | 2         | PR1<br>8 | Mobile Equipment Training |                          |
| Clean Cylinders | Debris in Face               |                   | Pass      | 1        | 2        | 2         | PR2<br>4 | PPE                       |                          |
| Clean Cylinders | Fall                         |                   | Pass      | 2        | 2        | 2         | PR1<br>8 | Platform with Guardrails  |                          |

| #  | 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? | <p>Relocate fire extinguisher to a different post<br/> <b>Assigned To:</b> olehshved</p>  | Fail      |
| 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?                                                  |                                                                                                                                                                              | N/A       |
| 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?      |                                                                                                                                                                              | N/A       |

**Safety Rep Signature:**

A handwritten signature in black ink, appearing to be 'ADZ', enclosed within a rectangular box.

**Supervisor Signature:**

A handwritten signature in black ink, featuring a large, stylized initial 'W' or 'V' followed by a checkmark-like stroke, enclosed within a rectangular box.