

Inspection Report Summary

Department:	Cleaning Room
Machine:	FlexDeb Grinding Robot
Pass / Fail:	100 % Passed / 0 % Failed
Time to Audit:	206 minutes
Auditor:	Abraha Eyasu
Inspected Date:	Jul 22, 2026

Inspection Report

Facility: Winkler

Department: Cleaning Room

Machine: FlexDeb Grinding Robot

Model Number: FlexDeb R210MT

Manufacturer: Dalca Robotics

Serial Number: 014795



Machine Specific

Activity/Tasks	Hazards	Corrective Action	Pass/Fail	Severity	Exposure	Avoidance	Total	Current Safeguards	Recommended Improvements
Program robot	Crush, struck by robot			3	1	2	PR2 6	Teach pendant with 3-position enable and slow speed	
Load/unload tool changer	Crush in tool changer movement			2	1	2	PR2 4	Enclosure with interlocked access door. Pressure-fit tool holders.	
Set-up part fixture	Crush, struck due to accidental activation			3	1	2	PR2 6	Interlocked enclosure and safety scanner in loading area	Lockout during machine set-up tasks
Load/unload parts	Crush, struck by robot and loading table			3	2	2	PR1 12	Interlocked enclosure and safety scanner in loading zone	Safety scanner with appropriate safe distance
Load/unload parts	Struck by falling parts			2	2	2	PR1 8	Secured fixture and safety scanner	Safety scanner with awareness marking on floor
Clean inside robot cell	Crush, struck by robot			3	1	2	PR2 6	Interlocked enclosure with lock on door	Lockout during cleaning tasks
Grind parts	Crush, struck by robot. Struck by flying debris or parts.			3	2	2	PR1 12	Interlocked enclosure	Awareness zone around window areas of enclosure
Reset robot after error/jam	Crush, struck by robot			3	1	2	PR2 6	Reset performed from operating station outside of interlocked enclosure	

Activity/Tasks	Hazards	Corrective Action	Pass/Fail	Severity	Exposure	Avoidance	Total	Current Safeguards	Recommended Improvements
Maintenance and repair	Crush, struck by moving parts. Exposure to hazardous energy.			3	1	2	PR2 6	Lockout	

#	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?		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:



Supervisor Signature:

