

Inspection Report Summary

Department:	Welding
Machine:	Miller WC 532 (M11Y)
Pass / Fail:	95 % Passed / 5 % Failed
Time to Audit:	7 minutes
Auditor:	Damir Malenica
Inspected Date:	Jul 25, 2026

Inspection Report

Facility: Burmac

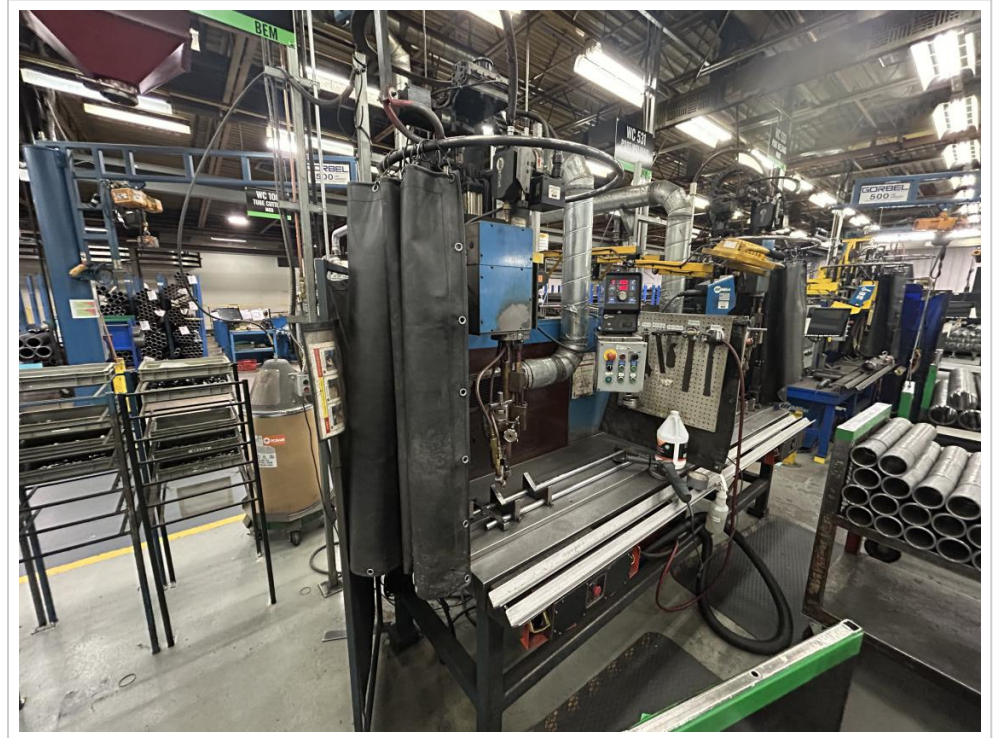
Department: Welding

Machine: Miller WC 532 (M11Y)

Model Number: WC532

Manufacturer: Miller

Serial Number: LK440117U



Machine Specific

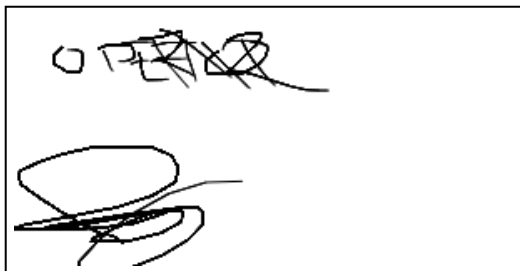
Activity/Tasks	Hazards	Corrective Action	Pass/Fail	Severity	Exposure	Avoidance	Total	Current Safeguards	Recommended Improvements
Load Part/set up weld	Crush - adjusting welder		Pass	2	2	2	PR1 8	Two hand controls	Two hand controls with reviewed safety circuit design
Weld Part	Burn - contact with weld		Pass	2	2	2	PR1 8	Automatic curtain, automatic welder	
Weld Part	Crush/Entanglement - reaching into machine		Pass	3	2	2	PR1 12	Moveable Cover, slow movement speed	
Other Hazards	Fumes from weld exhaust.		Pass	1	2	1	PR3 2	Automatic curtain.	More exhaust for flash off

#	Question	Corrective Action	Pass/Fail
1.	Safe Work Procedure posted?		Fail
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?		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)?		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?		Pass

Safety Rep Signature:



Supervisor Signature:

