# Inspection Report Summary

| | |
|---|---|
| **Department:** | Lab |
| **Machine:** | Polishing Wheel #9040 |
| **Pass / Fail:** | 100 % Passed / 0 % Failed |
| **Time to Audit:** | 12 minutes |
| **Auditor:** | Sivakumar Seru |
| **Inspected Date:** | Jul 28, 2026 |

# Inspection Report

**Facility:** Winkler

**Department:** Lab

**Machine:** Polishing Wheel #9040

**Model Number:** N/A

**Manufacturer:** Homemade

**Serial Number:** 9040

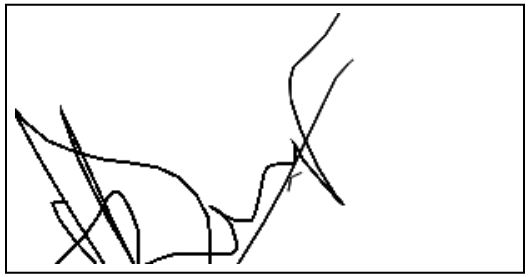
## Machine Specific

| Activity/Tasks | Hazards | Corrective Action | Pass/Fail | Severity | Exposure | Avoidance | Total | Current Safeguards | Recommended Improvements |
|---|---|---|---|---|---|---|---|---|---|
| Grind Part | Entanglement in wheel | | Pass | 1 | 2 | 2 | PR2 4 | Low force | |
| Grind Part | Entanglement in wheel | | Pass | 1 | 2 | 2 | PR2 4 | Guard when not in use | |

| # | 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? | | 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:**