

Inspection Report Summary

Department:	Maintenance Set-Up
Machine:	Do-All Horizontal Band Saw #8100
Pass / Fail:	100 % Passed / 0 % Failed
Time to Audit:	36 minutes
Auditor:	Randy Klassen
Inspected Date:	Sep 11, 2026

Inspection Report

Facility: Winkler

Department: Maintenance Set-Up

Machine: Do-All Horizontal Band Saw #8100

Model Number: C-10

Manufacturer: Do-All

Serial Number: 8100



Machine Specific

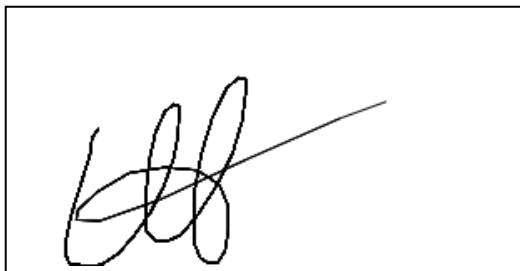
Activity/Tasks	Hazards	Corrective Action	Pass/Fail	Severity	Exposure	Avoidance	Total	Current Safeguards	Recommended Improvements
Point of Operation	Laceration or amputation from blade		Pass	3	2	1	PR2 6	Side shields around blade	
Third Party Protection	Laceration or amputation from blade		Pass	3	2	1	PR2 6	located against wall, guarding around blade	
Power Transmission	Entanglement in pulleys		Pass	3	2	1	PR2 6	Hinged guards around pulleys	Secure guards with fasteners that require a tool for removal

#	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:

