

Inspection Report Summary

Department:	No Bake Molding
Machine:	No Bake Mixer #7210
Pass / Fail:	0 % Passed / 0 % Failed
Time to Audit:	0 minutes
Auditor:	Willi Fast
Inspected Date:	Oct 6, 2026

Inspection Report

Facility: Winkler

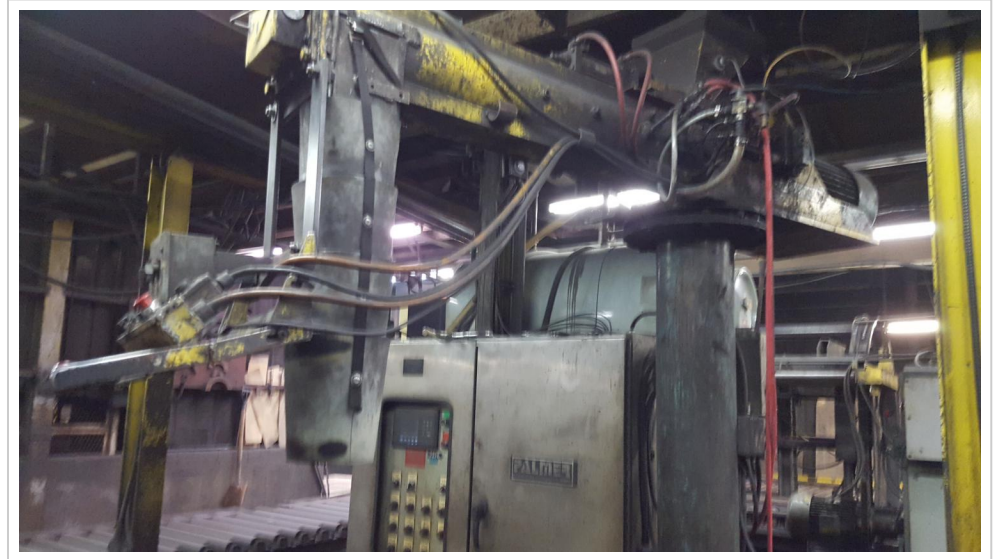
Department: No Bake Molding

Machine: No Bake Mixer #7210

Model Number: N/A

Manufacturer: N/A

Serial Number: 7210



Machine Specific

Activity/Tasks	Hazards	Corrective Action	Pass/Fail	Severity	Exposure	Avoidance	Total	Current Safeguards	Recommended Improvements
Point of Operation	Struck by sand			1	2	1	PR3 2	Safe work procedure	
Third Party Protection	Struck by sand			1	2	1	PR3 2	safe work procedure	
Power Transmission	Entanglement and crush			1	2	1	PR3 2	fixed guarding	
Other Hazards	accidental activation			1	2	1	PR3 2	controls not labelled	Label all controls

#	Question	Corrective Action	Pass/Fail
1.	Safe Work Procedure posted?		
2.	Are all Emergency Stops clearly marked and functioning properly?		

Department Specific

#	Question	Corrective Action	Pass/Fail
1.	Are Emergency Exits clear and unobstructed?		
2.	Are Emergency Exits clearly identified?		
3.	Are Fire Extinguishers/Fire Control Equipment clearly visible and identified?		
4.	Have the Fire Extinguishers/Fire Control Equipment been recently inspected?		
5.	Are the Eyewash Stations working and clean, and unobstructed?		
6.	Are all the sprinkler heads in your location unobstructed?		
7.	Is Access to the Electrical Panels clear and unobstructed?		
8.	Are carts in good condition?		
9.	Is the lighting all functioning properly and adequate for the area?		
10.	Are noise levels adequate with PPE, any high impulse or continual noise?		
11.	Is the temperature in the area comfortable to work in?		
12.	Are all air quality systems working (dust, fumes or vapour present)?		
13.	Is the housekeeping (floor and work surfaces) sufficient for the area?		
14.	Are the employees using their PPE?		
15.	Are all controlled substances labelled in accordance with GHS standards?		

Signatures (capture on paper after printing): _____