

Job Safety Observation Fleet Maintenance Activities

Observer: _____ Employee/Crew: _____
 Task Evaluated.: _____ Date: ____/____/201__ Time: ____:____ A P
 Location of tasks being evaluated: _____ Pictures taken Y N

Some Conditions to Consider - Not a checklist

<ul style="list-style-type: none"> • Review scope of job and safety concerns • Correct tools available and used • Walking surfaces kept clear and free of slip hazards • Work surfaces kept clean and clear of hazards • Authorized and trained to complete all tasks • Authorized and trained to operate all equipment • Hoists and jacks inspected prior to use • Tools & equipment free of defects • Appropriate PPE & work clothes used (Safety glasses should always be worn) • Weather conditions (snow, ice, lightning, excessive heat / cold) • Appropriate Lock Out / Tag Out procedures used? • Proper lifting mechanics employed, mechanical aids used • Overloading materials or equipment • Crowded materials; storage & in use • Air & hydraulic hoses & fittings in good condition • Fire extinguisher available, unobstructed & operable • First aid kit available 	<ul style="list-style-type: none"> • Exposure to overhead or falling objects • Exposure to compressed air or liquids • Exposure to flammables or other fuels • Exposure to moving parts; guards in place • Exposure to chemicals • Exposure to threatening wildlife, insects • Exposure to dust, noise, radiation • Exposure to confined spaces • Housekeeping; orderliness of jobsite equipment & material • Electrical hazards; cords, plugs, power tools in good condition • Hot work procedures followed; combustibles controlled • Poor lighting • Long hair, loose jewelry or clothing secured • SDS/HSFS available • All secondary containers labeled • On roadways – traffic control established per MUTCD • No horseplay
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Expanded Narrative - *Describe activities below*

Look at the actions of the workers: (Describe procedures used or considered; 2-3 sentences) **NOTE** everything OK or N/A is not an observation; it's a statement

What did you see that needs to be changed or improved? (What could be done to improve the level of safety afforded to the workers?)

What did you see that should be complimented? (What was done above the minimum level of safety?)

Follow up action: (Ex: Who did you talk to? What changes were made?)