

Job Safety Observation Landscape Operations

Observer:	Employee(s) Observed:	Dept.:
Date: / / 201	Time: : A P	Est. Temp? °F
Location of tasks being evaluated		Pictures Taken? Y N

Some Conditions to Consider - Not a checklist

<ul style="list-style-type: none"> • ROPS (Roll Over Protection) and Wearing seat belt • Equipment equipped with ROPS and in the up position? • Work zone precautions needed? • Exposed moving parts / guards in place/PTO • Slow moving vehicle on highway sign in place • Exposure to other moving vehicles or pedestrians • Grass deflection chute pointed down? • Equipment stored on trailer &, transported correctly • Are hi-vis vests with retro reflectivity used 	<ul style="list-style-type: none"> • Exposure to unstable earth, ruts, low branches • Exposure to herbicides or pesticides on field? • First aid kit, fire extinguisher, eyewash bottles available? • Exposed to or using fuels Have SDS/HSFS gloves • Exposure to dust, noise, insects, wildlife • PPE, appropriate work clothes, shorts? Hats, glasses? • Inclement weather conditions: rain, electrical storm? • Personal hygiene concerns? Hydration adequate? • Exposure to excessive temperatures
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Narrative: *Describe what you see*

Look at the way people are working: Describe in 1-3 sentences what you are observing. 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? (Ex: ROPS folded down or workers without proper PPE)

What did you see that should be complimented? (Ex: wearing hearing protection, caps, sunscreen)

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