

Job Safety Observation Report Snow Removal Operations

Observer: _____ **Employee / Crew:** _____

Duration of Observation: _____ minutes **Date:** ____ / ____ / 201____ **Time:** ____ : ____ Am Pm

Location of Observation: _____ **Pictured taken?** Y N

Type of vehicle operated: pick-up truck CDL dump truck skid steer _____

Yes	No	Safe Actions	Yes	No	Safe Actions
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle operating lights operating properly	<input type="checkbox"/>	<input type="checkbox"/>	Driver appears alert & aware of surroundings
<input type="checkbox"/>	<input type="checkbox"/>	Amber warning lights flashing/rotating	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle speed is proper for conditions
<input type="checkbox"/>	<input type="checkbox"/>	Back up alarm & lights operating properly	<input type="checkbox"/>	<input type="checkbox"/>	Driver uses 3-point climb getting in and out
<input type="checkbox"/>	<input type="checkbox"/>	Salt spreader is operational?	<input type="checkbox"/>	<input type="checkbox"/>	Driver remains on right side of road
<input type="checkbox"/>	<input type="checkbox"/>	Spotter used when backing vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Driver obeys rules of road; turns, stops, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Operating snow blower	<input type="checkbox"/>	<input type="checkbox"/>	Manual shoveling - No twisting?

Expanded Narrative - Describe what you see

Note: everything OK or N/A is not an observation it's a statement!

Describe in 1-3 sentences what you are observing.

Presence of Safety: What activities to be complimented (Example "yes" items above)

Absence of safety: What could be changed to improve worker safety("No" items above)

Follow up action: (What changes were made?) _____ Crew meeting or video used?