Job Safety Observation Report

General: _____Dept.

Observer:		**Employee / Crew**			
Job:		**Date:**	/ / 201 __	**Time:**	: A P
Location:		**Pictures taken?**	Y N		

Discuss issues in the narrative comment boxes below

Yes	No	Safe Actions	Yes	No	Safe Actions
		Job Hazard Identification?			Wearing Job-Specific PPE?
		Review of Job-Specific Safety Procedures?			Authorized to operate equipment?
		Job-Specific Toolbox Safety Talk?			First aid kit available?
		Correct tools available and used?			Warning signs posted?
		SDS's available for all chemicals?			Lighting and Ventilation Adequate for Job?
		Job site Hazard (Weather) Identification?			

Expanded Narrative

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

Describe the work being done: Use 1-3 sentences.

Presence of Safety: What did you see to be complimented? Yes, items above

Absence of Safety: What did you see that could be changed to improve worker safety?

Follow up action: ex: wrote SOG, Presented Tool Box Talk

Reviewed by Safety Committee on: _____/_____/201_ Ed. 1/15/2019