[Company name or logo here]

Track safe behavior around the workplace.

**Observer: Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Prepared** |  | **Yes** |  | **No** |  | **Comments/action taken** |
| Worksite housekeeping |  |  |  |  |  |  |
| Clear of slip hazards |  |  |  |  |  |  |
| Clear of trip hazards |  |  |  |  |  |  |
| Clear of fall hazards |  |  |  |  |  |  |
| Equipment properly guarded |  |  |  |  |  |  |
| Other (specify): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Procedure** |  | **Yes** |  | **No** |  | **Comments/action taken** |
| Standard operating procedures followed |  |  |  |  |  |  |
| Equipment procedures followed |  |  |  |  |  |  |
| General safety rules followed |  |  |  |  |  |  |
| Lockout-tagout followed |  |  |  |  |  |  |
| Other (specify): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Protection** |  | **Yes** |  | **No** |  | **Comments/action taken** |
| Head |  |  |  |  |  |  |
| Hair |  |  |  |  |  |  |
| Face |  |  |  |  |  |  |
| Eye |  |  |  |  |  |  |
| Hand |  |  |  |  |  |  |
| Foot |  |  |  |  |  |  |
| Respiratory |  |  |  |  |  |  |
| Hearing |  |  |  |  |  |  |
| Other (specify): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |