[Company name or log here]

Observation record

**Observer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

 **Safe behavior**

**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**

Standard operating

procedures followed \_\_\_ \_\_\_

Equipment procedures followed \_\_\_ \_\_\_

General safety rules followed \_\_\_ \_\_\_

Lockout-tagout followed \_\_\_ \_\_\_

Other (specify) \_\_\_ \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_

**Protection**

Head \_\_\_ \_\_\_

Hair \_\_\_ \_\_\_

Face \_\_\_ \_\_\_

Eye \_\_\_ \_\_\_

Hand \_\_\_ \_\_\_

Foot \_\_\_ \_\_\_

Respiratory \_\_\_ \_\_\_

Hearing \_\_\_ \_\_\_

Other (specify) \_\_\_ \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_