

# Job Safety Observation Administrative Tasks Report

Observer:	Employee (s) Observed:		
Task Observed:	Date:	Time:	AM PM
Location of Observation			Pictures taken Y N

## Conditions to Consider (not a checklist)

<ul style="list-style-type: none"> <li>• Inclement weather conditions (snow, ice, electrical storm)</li> <li>• Horseplay</li> <li>• Equipment operated, stored, transported correctly</li> <li>• Equipment serviced while energized, or in motion</li> <li>• Unhealthy, unsanitary conditions, placement of plants</li> <li>• Crowding materials, storage</li> <li>• Manual material handling, ergonomic issues</li> </ul>	<ul style="list-style-type: none"> <li>• Lifting heavy, awkward objects, body mechanics</li> <li>• Walking working surfaces, Ladders, step stools</li> <li>• Lighting, noisy equipment, work station set up</li> <li>• Housekeeping, orderliness of site equipment &amp; material</li> <li>• Electrical hazards, cords, GFCI, spider outlets</li> <li>• Exposure to chemicals , toner, glue, cleaning supplies</li> <li>• Personal hygiene</li> </ul>
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## Narrative

(describe activities below)

**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: unsafe lifting practices)

**What did you see that should be complimented?** (Ex: file drawers kept closed)

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