

# Job Safety Observation General

<b>Observer:</b>		<b>Employee / Crew</b>	
<b>Job:</b>		<b>Date:</b>	/ / <b>Time:</b> A P
<b>Location:</b>			

## Discuss issues in the narrative comment boxes below

Yes	No	Safe Actions	Yes	No	Safe Actions
<input type="checkbox"/>	<input type="checkbox"/>	Job Hazard Identification?	<input type="checkbox"/>	<input type="checkbox"/>	Wearing Job-Specific PPE?
<input type="checkbox"/>	<input type="checkbox"/>	Review of Job-Specific Safety Procedures?	<input type="checkbox"/>	<input type="checkbox"/>	Authorized to operate equipment
<input type="checkbox"/>	<input type="checkbox"/>	Job-Specific Toolbox Safety Talk?	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit available
<input type="checkbox"/>	<input type="checkbox"/>	Correct tools available and used	<input type="checkbox"/>	<input type="checkbox"/>	Warning signs posted
<input type="checkbox"/>	<input type="checkbox"/>	SDS's available for all chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	Lighting and Ventilation Adequate for Job?
<input type="checkbox"/>	<input type="checkbox"/>	Work Area Hazard (Weather) Identification	<input type="checkbox"/>	<input type="checkbox"/>	ROPS (Roll Over Protection) in use

## 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 ○