

Job Safety Observation

Sanitation, Recycling, & Bulk Pick Up Report

Observer: _____ Crew Observed: _____

Task Observed: _____ Date: _____ Time: _____ AM PM

Location of Observation: _____ Pictures Taken? Y N

Yes	No	Safe Actions	Yes	No	Safe Actions
<input type="checkbox"/>	<input type="checkbox"/>	Back up beepers & lights are operating	<input type="checkbox"/>	<input type="checkbox"/>	Collectors appear alert & aware of surroundings
<input type="checkbox"/>	<input type="checkbox"/>	Driver maintains visual contact with collectors	<input type="checkbox"/>	<input type="checkbox"/>	Collectors & drivers are wearing Hi-Vis & reflective clothing, proper footwear, eye protection & gloves
<input type="checkbox"/>	<input type="checkbox"/>	Driver signals collectors before backing vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Collectors stand away from the truck & remain visible to the driver whenever the truck is backing
<input type="checkbox"/>	<input type="checkbox"/>	Driver does not back up the truck if anyone is standing on the riding step	<input type="checkbox"/>	<input type="checkbox"/>	Collectors stand <u>beside</u> the truck never to the rear while it is compacting
<input type="checkbox"/>	<input type="checkbox"/>	Driver does not exceed 10 mph if workers are riding on the step	<input type="checkbox"/>	<input type="checkbox"/>	Collectors use 3-point method while climbing on or off the step and only when truck is stopped?
<input type="checkbox"/>	<input type="checkbox"/>	Truck is traversing only on the right side of the street on 2 way streets	<input type="checkbox"/>	<input type="checkbox"/>	Collectors use proper lifting techniques and team lift heavy items
<input type="checkbox"/>	<input type="checkbox"/>	Driver uses a co-worker as a spotter when backing the truck	<input type="checkbox"/>	<input type="checkbox"/>	Collectors are off of the step when truck is traveling more than one block or turning corners

Discuss answers from above in the narrative comment boxes below

Narrative

(describe activities below)

Describe the work being done: Use 1-3 sentences

Presence of Safety: What activities to be complimented? (example" **yes** items from above)

Absence of Safety: What could be changed to improve worker safety? (**No** items above)

Follow up action: (What changes were made?) TBT or Video used