

Job Safety Observation Utility Operations Report

Observer: _____ Employee / Crew: _____

Task evaluated: _____ Date: ____ / ____ / ____ Time: _____ AM PM

Location of tasks being evaluated: _____

Conditions to Consider (not a checklist)

- | | |
|---|---|
| • Exposed to flammables or using fuels | • Exposure to unstable structure or earth-excavation |
| • Exposed moving parts / guards in place | • Lifting heavy, awkward objects, body mechanics |
| • Horseplay | • Exposure to moving vehicles |
| • Authorized task; authorized to operate equipment | • Equipment free of defects |
| • Equipment operated, stored, transported correctly | • Exposure to chemicals, pesticides, SDS/HSFS available |
| • Equipment serviced while energized, or in motion | • Housekeeping, orderliness of equipment and material |
| • Correct tools available and used | • Electrical hazards, cords, GFCI, power tools |
| • Inclement weather (snow, ice, electrical storm, etc.) | • Unhealthy, unsanitary conditions; eating in work area |
| • Appropriate work clothes, i.e., shorts? | • Exposure to threatening wildlife |
| • PPE; eyes, hearing, gloves, vests etc. | • Exposure to dust, noise, radiation, (sunlight?) |
| • First Aid kit available and properly stocked | • Exposure to poisonous plants |

Narrative

(describe activities below)

Describe the tasks performed: (Ex: spraying pesticides) 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: workers without proper PPE)

What did you see that should be complimented? (Ex: waited for pedestrians while cutting)

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