

# Safety Observation Form

Quality Rating:   %    Reviewer ID#:

DATE:  /  /     OBSERVER ID #:        TIME:  AM  PM

WORK GROUP:     LOCATION:     # OBSERVED:

SELF OBS     Short Term Empl     Near Miss  
 Observee BBSP Trained     High Activity

HAZARD ID:        REQUESTED OBS:        SIDE/SIDE OBS:

TASK: (every observation)

	Safe	At Risk		Safe	At Risk
<b>Body Positions</b>			<b>PPE</b>		
1.01 Pinch Points	<input type="radio"/>	<input type="radio"/>	2.01 Head	<input type="radio"/>	<input type="radio"/>
1.02 Line of Fire	<input type="radio"/>	<input type="radio"/>	2.02 Hearing	<input type="radio"/>	<input type="radio"/>
1.03 Ascending/ Descending	<input type="radio"/>	<input type="radio"/>	2.03 Feet	<input type="radio"/>	<input type="radio"/>
1.04 Eyes on Path/ Work	<input type="radio"/>	<input type="radio"/>	2.04 Fall Protection	<input type="radio"/>	<input type="radio"/>
1.05 Bending/Lifting	<input type="radio"/>	<input type="radio"/>	2.05 Eyes/Face	<input type="radio"/>	<input type="radio"/>
			2.06 Hands	<input type="radio"/>	<input type="radio"/>
			2.07 PFD/Work Vest	<input type="radio"/>	<input type="radio"/>
			2.08 Respirator	<input type="radio"/>	<input type="radio"/>
<b>Procedures/ Operations</b>			<b>Driving</b>		
3.01 Job Planning	<input type="radio"/>	<input type="radio"/>	4.01 Aim High in Steering	<input type="radio"/>	<input type="radio"/>
3.02 Barriers/Signs	<input type="radio"/>	<input type="radio"/>	4.02 Keep Your Eyes Moving	<input type="radio"/>	<input type="radio"/>
3.03 Crane Operations	<input type="radio"/>	<input type="radio"/>	4.03 Make Sure They See You	<input type="radio"/>	<input type="radio"/>
3.04 Tools/Equipment	<input type="radio"/>	<input type="radio"/>	4.04 Get the Big Picture	<input type="radio"/>	<input type="radio"/>
3.05 Helicopter Operations	<input type="radio"/>	<input type="radio"/>	4.05 Leave Yourself An Out	<input type="radio"/>	<input type="radio"/>
3.06 Lockout/Tagout	<input type="radio"/>	<input type="radio"/>			
3.07 Housekeeping	<input type="radio"/>	<input type="radio"/>			
3.08 Boat Operations	<input type="radio"/>	<input type="radio"/>			
3.09 Rigging	<input type="radio"/>	<input type="radio"/>			
<b>Ergonomics</b>			<b>Other</b>		
5.01 Work Surfaces	<input type="radio"/>	<input type="radio"/>	6.01 Other	<input type="radio"/>	<input type="radio"/>
5.02 Screen	<input type="radio"/>	<input type="radio"/>			
5.03 Chair Height/ Backrest	<input type="radio"/>	<input type="radio"/>			
5.04 Keyboard Position	<input type="radio"/>	<input type="radio"/>			
5.05 Task Management	<input type="radio"/>	<input type="radio"/>			

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## Feedback Comments

Behavior #: (every observation)   .

What: (behavior observed) (every observation)

Why: (feedback from Observee)(at-risk)

Barrier: (at-risk)  .

Solution: (at-risk)

Behavior #: (every observation)   .

What: (behavior observed) (every observation)

Why: (feedback from Observee)(at-risk)

Barrier: (at-risk)  .

Solution: (at-risk)

**Type:**     Injury Illness     Environmental  
 Property Loss or Damage     Motor Vehicle

**Near Miss Description:**

**Hazard Description:**

**Solution to Hazard:**