

Safety Observation Checklist

SAMPLE

Employee:

Date:

Supervisor/Department Name

Check all that apply.

POSITIVE OBSERVATIONS

<input type="checkbox"/>	Stopping/pausing work to re-evaluate for safety concern	<input type="checkbox"/>	Inspecting ladder before use
<input type="checkbox"/>	Conducting a JSA prior to work start	<input type="checkbox"/>	Inspecting scaffolding before use
<input type="checkbox"/>	Correcting an unsafe condition	<input type="checkbox"/>	Inspecting electric cords before use
<input type="checkbox"/>	Reporting an unsafe condition not in our control	<input type="checkbox"/>	Inspecting tools/equipment before use
<input type="checkbox"/>	Correcting an unsafe work behavior of co-worker	<input type="checkbox"/>	Wearing seat belt in while driving (any vehicle or equip)
<input type="checkbox"/>	Stopping/pausing work to obtain proper tool for job	<input type="checkbox"/>	Operating vehicle safely (any vehicle or equip)
<input type="checkbox"/>	Using correct tools for job	<input type="checkbox"/>	Submitting a meaningful safety suggestion
<input type="checkbox"/>	Working from ladder safely	<input type="checkbox"/>	Good interaction during safety meeting
<input type="checkbox"/>	Roping up tools or equipment	<input type="checkbox"/>	Using fall protection 100%
<input type="checkbox"/>	Being a positive role model – leader toward safety	<input type="checkbox"/>	Other:

Explanation/Comments:

NEGATIVE OBSERVATIONS

<input type="checkbox"/>	Rushing to complete work in an unsafe manner	<input type="checkbox"/>	Not inspecting ladder before use
<input type="checkbox"/>	Not conducting a JSA prior to work start	<input type="checkbox"/>	Not inspecting scaffolding before use
<input type="checkbox"/>	Not correcting an unsafe condition	<input type="checkbox"/>	Not inspecting electric cords before use
<input type="checkbox"/>	Not reporting an unsafe condition not in our control	<input type="checkbox"/>	Not inspecting tools/equipment before use
<input type="checkbox"/>	Not correcting an unsafe work behavior of co-worker	<input type="checkbox"/>	Not wearing seat belt in while driving (any vehicle or equip)
<input type="checkbox"/>	Not stopping/pausing work to obtain proper tool for job	<input type="checkbox"/>	Not operating vehicle safely (any vehicle or equip)
<input type="checkbox"/>	Not using correct tools for job	<input type="checkbox"/>	Not being a good role model toward safety
<input type="checkbox"/>	Not working from ladder safely	<input type="checkbox"/>	Lack of attention during safety meeting
<input type="checkbox"/>	Not roping up tools or equipment	<input type="checkbox"/>	Not using fall protection 100%
<input type="checkbox"/>	Involved with horseplay	<input type="checkbox"/>	Other:

Explanation/Comments:

Supervisor Signature

Employee Signature