Safety observation card

Date _____ **Time** _____

Location _____ **Observer** _____

Task being done _____ **Crew or company observed** _____

What did you see

- ☐ Safe
- ☐ At risk

Category

Check all that apply.

- ☐ PPE
- ☐ Body position
- ☐ Tools and equipment
- ☐ Housekeeping
- ☐ Procedures
- ☐ Environment
- ☐ Other

What I saw

_____

_____

_____

_____

What I said or did

A short talk on the spot beats a write-up later.

_____

_____

_____

Follow-up needed

Who fixes it, and by when.

_____

_____

A starting point. Adapt it to your equipment, your procedures and the rules that apply to you. Free template from portalbaseai.com