ABX Construction

**A**

Safety Observation Form

**Instructions**: Before making your observation please review this entire form then closely observe behavior, conditions and procedures.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Personal Protective Equipment** |  | **Position** |  | **Tools** |
|  |  |  |  |  |  |
|  | O Eyes & Face |  | O Struck by or Against |  | O Correct tool for job |
|  | O Ears/Noise |  | O Caught between |  | O Proper Use |
|  | O Hands |  | O Fall or Trip |  | O Condition of Tool |
|  | O Feet |  | O Temperature |  |  |
|  | O Respiratory |  | O Lifting |  |  |
|  |  |  |  |  |  |
|  | **Facilities** |  | **Procedures** |  | **Behavior** |
|  |  |  |  |  |  |
|  | O Cleanliness/Housekeeping |  | O Written Task Procedures |  | O Communicates |
|  | O Work Area Design |  | O Were Procedures Followed |  | O Eye Contact/Hazard |
|  | O Floor Surfaces |  | O Adequate Procedures |  | O Work Pace (Behind) |
|  |  |  |  |  |  |

**Description of observation:**

**Action(s) Taken:**