



ABX Construction

Safety Observation Form

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

**Personal Protective Equipment**

- Eyes & Face
- Ears/Noise
- Hands
- Feet
- Respiratory

**Facilities**

- Cleanliness/Housekeeping
- Work Area Design
- Floor Surfaces

**Position**

- Struck by or Against
- Caught between
- Fall or Trip
- Temperature
- Lifting

**Procedures**

- Written Task Procedures
- Were Procedures Followed
- Adequate Procedures

**Tools**

- Correct tool for job
- Proper Use
- Condition of Tool

**Behavior**

- Communicates
- Eye Contact/Hazard
- Work Pace (Behind)

**Description of observation:**

**Action(s) Taken:**