



# Safety Observation System

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

First & Last Name (Optional)

\_\_\_\_\_

Supervisor's First & Last Name (Required)

\_\_\_\_\_

## REPORT TYPE

At Risk Behaviour

Safe Behaviour

Safety Improvement Suggestion

Hazardous Condition

Incident/Near Miss

Productivity Improvement Suggestion

Check the appropriate box that apply to your observation.

## BODY POSITION

1. Line of Fire/Pinch Points
2. Mind on Task/Eyes on Path
3. Lifting
4. Pushing/Pulling/Extending

## AR TOOLS & EQUIPMENT

5. Tool Selection/Condition/Use
6. Equipment Selection/Condition/Use
7. Access/Egress Equipment
8. Vehicle Operation
9. Spotters Used/Walk-around
10. Pre-Use Inspection/Defects

## JOB FACTORS

11. Shortcuts/Haste
12. Communications
13. Lighting

## SLIPS & TRIPS

14. Designated Walkways
15. Uneven Ground
16. Slippery Surfaces
17. Approved Footwear

## PPE

18. PPE appropriate for the task
19. PPE usage (worn properly)
20. PPE condition

## HOUSEKEEPING

21. Clean Walkways

## HOUSEKEEPING (Cont.)

22. Material Storage
23. Hoses/Cords/Wood/etc.

## SUPERVISION

24. Available for questions/concerns
25. Conducted pre-job planning

## CRITICAL ACTIVITIES

26. Permits / JSA / START Cards
27. Procedures available and understood
28. Working at Height/Fall Protection Plan
29. Lockout/Stored Energy
30. Confined Space Entry
31. Open Holes/Leading Edge
32. Flagging/Tagging/Barricades
33. Trenching
34. High Voltage/Utilities
35. Rigging and Lifting
36. Material Handling
37. Steel/Rebar/Formwork
38. Welding and Cutting

## ENVIRONMENTAL

39. Spill Trays
40. Equipment Leak Protection
41. Wildlife
42. Spill
43. Recycling/Waste Management

Supervision Notified

Intervention

**IMPROVEMENT OPPORTUNITIES SECTION**

(select improvement category or categories)

Site Conditions / Hazards

Tools / Equipment / Material

Communication / Cooperation

Planning / Timing / Schedule

Process / Method / Workflow

Training / Competency

Other: \_\_\_\_\_

**Description of Observation and Immediate Actions Taken and/or Safety Improvement Suggestion**

**PRODUCTIVITY IMPROVEMENT OPPORTUNITIES SECTION**

(select productivity improvement category or categories)

Hazard Control

Supervision

Construction Materials

Workfront Support/Outside Services

Crew Size

Instruction and Direction

Plan B

Travel Inside Workfront

PPE & Tools

Drawings and Reference

Crew Competency

Other: \_\_\_\_\_

**Productivity Improvement Opportunity / Concern / Suggestion / Constraint or Position Recognition**

**HSE DEPARTMENT USE ONLY**

Date: \_\_\_\_\_

Has feedback been given to the employee who submitted card?      Yes      No

Has the action items been entered into S2Web?      Yes      No

HSE Department Sign Off: \_\_\_\_\_

Print

Sign