

Safety Observation Checklist

Site/Location Date Observer

INSTRUCTIONS

This checklist is designed to conduct safety observations at the workplace. Carefully observe each item and mark the corresponding checkbox to indicate compliance or note any safety observations and potential hazards. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

1. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Employees wear the required PPE for their job tasks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
PPE is in good condition and fits properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Employees use eye protection, hearing protection, head protection, etc., as needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Additional PPE is provided for specific tasks (e.g., fall protection, respiratory protection).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Observations/Notes: [Insert safety observations and corrective actions, if any]

2. HOUSEKEEPING AND CLUTTER

Work areas and walkways are clear of clutter and obstructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Housekeeping is well-maintained, and floors are clean and dry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Tools and equipment are properly stored when not in use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Waste and debris are regularly removed from the work area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Observations/Notes: [Insert safety observations and corrective actions, if any]

3. MACHINE AND EQUIPMENT SAFETY

Equipment is guarded and has safety interlocks in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Emergency stop buttons are clearly marked and easily accessible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Lockout/Tagout procedures are followed during maintenance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Employees use the correct tools and follow safe operating procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Observations/Notes: [Insert safety observations and corrective actions, if any]

4. HAZARDOUS MATERIAL HANDLING

- Proper procedures are followed for handling hazardous materials. Yes No NA
- Hazardous materials are stored and labeled correctly. Yes No NA
- Material Safety Data Sheets (MSDS) are readily accessible. Yes No NA
- Spill response kits and containment measures are in place. Yes No NA

Observations/Notes: [Insert safety observations and corrective actions, if any]

5. ELECTRICAL SAFETY

- Electrical panels are properly labeled, accessible, and not blocked. Yes No NA
- Electrical cords and plugs are in good condition, without fraying. Yes No NA
- Extension cords are used appropriately for temporary purposes only. Yes No NA
- Ground fault circuit interrupters (GFCIs) are installed where required. Yes No NA

Observations/Notes: [Insert safety observations and corrective actions, if any]

6. FIRE SAFETY

- Fire extinguishers are present, visible, and not obstructed. Yes No NA
- Emergency exits are clearly marked and free from obstructions. Yes No NA
- Fire alarms and sprinkler systems are functional and tested regularly. Yes No NA
- Employees are trained on fire evacuation procedures. Yes No NA

Observations/Notes: [Insert safety observations and corrective actions, if any]

7. WORK PRACTICES

- Safe work practices and standard operating procedures are followed. Yes No NA
- Employees use proper lifting techniques to prevent strain or injury. Yes No NA
- Confined space entry procedures are followed where applicable. Yes No NA
- Lockout/Tagout procedures are adhered to during equipment servicing. Yes No NA

Observations/Notes: [Insert safety observations and corrective actions, if any]

8. EMERGENCY PREPAREDNESS

Emergency response plans are posted, and employees are aware of them. Yes No NA

First aid kits and medical emergency procedures are in place. Yes No NA

Employees are trained in emergency response procedures. Yes No NA

Emergency contact information is readily available. Yes No NA

Observations/Notes: [Insert safety observations and corrective actions, if any]

NOTES/OBSERVATIONS

[Insert any additional notes or safety observations made during the observation]

STATEMENT OF APPROVAL

I hereby certify that I have conducted the above safety observation and that the information provided is accurate to the best of my knowledge.

Observer's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :