Take 5 Safety Inspection

Date:	Location/Task Name	Prepared By		
The corr	STRUCTIONS: Take 5 Safety Checklist is a quick and effective tool to assess potential hazards responding checkbox to indicate that you have considered and addressed the sa ails or record any safety observations.			
1. ST	OP AND THINK			
Have	you taken a moment to stop and think about the task?	Ye	es No	NA
Have	you considered any potential hazards or risks associated with the task	Ye Ye	es No	NA
Are yo	ou mentally prepared to proceed with the task safely?	Ye	es No	NA NA
2. AS	SESS THE ENVIRONMENT			
Have	you checked the work area for any hazards or obstructions?	Ye	es No	NA
Is the	area well-lit, and are there no trip hazards?	Ye	es No	NA NA
Have	you considered weather conditions that may affect the task?	Ye	es No	NA NA
3. PEI	RSONAL PROTECTIVE EQUIPMENT (PPE)			
Have	you identified the required PPE for this task?	Ye	es No	NA
Are yo	ou wearing the necessary PPE to protect against identified hazards?	Ye	es No	NA
Is you	ur PPE in good condition and properly fitted?	Ye	es No	NA NA
4. TO	OLS AND EQUIPMENT			
Are yo	ou using the appropriate tools and equipment for the task?	Ye	es No	NA
Have	you inspected the tools and equipment for any defects?	Ye	es No	NA
Are th	ne tools and equipment in good working condition?	Ye	es No	NA

5. SAFETT PROC	EDUKES							
Have you reviewe	d the safe	ty procedures and	guidelines for th	is task?		Yes	No	NA
Do you understan	d the step	s and precautions i	involved?			Yes	No	NA
Are you aware of	the emerg	ency procedures ir	n case of an incid	dent?		Yes	No	NA
NOTES								
[Insert any addition	nal notes	or safety observat	tions made durir	ng the Take 5 S	afety Checklist]			
	_			_				
Prepared By	: _				Signature :			
Date	:							

