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**Safety Observation Reporting Form**

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| **OBSERVATION DETAILS** |
| Date and time of the Observation | **:** |  |
| Location of the Observation | **:** |  |
| Describe the observed situation or behavior | **:** |  |
|  |  |

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| **OBSERVATION CATEGORY** |
| Select the appropriate category for the Observation: |
|  |  |
| [ ]  | Personal Protective Equipment (PPE) |
| [ ]  | Hazardous Material Handling |
| [ ]  | Equipment or Machinery Usage |
| [ ]  | Ergonomics and Body Mechanics |
| [ ]  | Housekeeping and Cleanliness |
| [ ]  | Emergency Preparedness |
| [ ]  | Other (specify**) :** |  |

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| **DESCRIPTION OF OBSERVATION** |
| Provide a detailed description of the observed situation or behavior | **:** |  |
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| **POSITIVE ASPECTS** |
| Identify any positive aspects or safe practices observed | **:** |  |
|  |  |

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| **AREAS FOR IMPROVEMENT** |
| Identify any areas for improvement or potential safety hazards observed | **:** |  |
|  |  |

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| **RECOMMENDATIONS** |
| Provide recommendations for addressing the identified areas for improvement or potential safety hazards | **:** |  |
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| **ACTION TAKEN** |
| Describe any immediate action taken or suggested actions to be taken based on the observation | **:** |  |
|  |  |

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| **FOLLOW-UP** |
| Will a follow-up be conducted to ensure that the recommended actions are implemented? | **:** | [x]  YES [ ]  NO  |
| If yes, specify the person(s) responsible for the follow-up | **:** |  |
|  |  |

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| **ADDITIONAL COMMENTS** |
| Is there any additional information or comments you would like to include? | **:** |  |
|  |  |

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| --- |
| **REPORT FILTER** |
| Name | **:** |  |
| Job Title / Role | **:** |  |
| Contact Details | **:** |  |

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