

Safety Observation Reporting Form

OBSERVATION DETAILS

Date and time of the Observation :

Location of the Observation :

Describe the observed situation or behavior :

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) :

DESCRIPTION OF OBSERVATION

Provide a detailed description of the observed situation or behavior :

POSITIVE ASPECTS

Identify any positive aspects or safe practices observed :

AREAS FOR IMPROVEMENT

Identify any areas for improvement or potential safety hazards observed :

RECOMMENDATIONS

Provide recommendations for addressing the identified areas for improvement or potential safety hazards :

ACTION TAKEN

Describe any immediate action taken or suggested actions to be taken based on the observation :

FOLLOW-UP

Will a follow-up be conducted to ensure that the recommended actions are implemented? YES NO

If yes, specify the person(s) responsible for the follow-up :

ADDITIONAL COMMENTS

Is there any additional information
or comments you would like to
include?

REPORT FILTER

Name :

Job Title / Role :

Contact Details :

Template provided by:



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