

North Carolina Department of Agriculture & Consumer Services

JOB SAFETY OBSERVATION FORM

Job Task: \_\_\_\_\_

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

Employee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Written Procedure (JSA or SOP) Utilized?

☐ Yes

☐ No

Correct Procedure Followed?

☐ Yes

☐ No

Unsafe Acts or Unsafe Conditions Noted:

Job Observation Reviewed With Employee?

☐ Yes

☐ No

Corrective Actions Recommended:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date