

Construction Job Safety Observation Form

Project Name: _____

Site Location: _____

Observation Date: _____

Observer Name: _____

Details of Activity Being Observed:

1. Task Being Performed: _____
2. Equipment In Use: _____
3. Weather Conditions: _____
4. Are safety protocols being followed? () Yes () No

Safety Measures Observed	Compliant ()	Non-Compliant ()	Comments
Fall protection used			
Scaffolding secure			
Electrical safety checks			
Hazardous materials stored safely			

Action Items Required:

1. _____
2. _____
3. _____

Supervisor Signature: _____

Date: _____