

Daily Job Safety Observation Form

Employee: _____

Date: _____

Job Role: _____

Observer Name: _____

Activities Observed:

1. Task Overview: _____
2. Safety Equipment Used: _____
3. Unsafe Conditions Noted: _____
4. Immediate Corrective Actions Taken:

Daily Checklist Items	Completed ()	Incomplete ()	N/A ()
PPE compliance			
Machinery checks			
Fall hazards addressed			
Chemical safety			

Comments and Notes:

Signature of Observer: _____

Date: _____