

Employee Job Safety Observation Form

Employee Name: _____

Job Title: _____

Department: _____

Date of Observation: _____

Observed Task/Activity:

1. Task Description: _____

2. Equipment/Tools Used: _____

3. Safety Equipment Worn: _____

4. Was proper procedure followed? () Yes () No

5. Unsafe Behaviors Noted: _____

Observation Checklist	Yes ()	No ()	Not Applicable ()
Correct PPE worn			
Equipment in good condition			
Proper lifting techniques used			
Work area kept clean			

Additional Comments:

Observer Signature: _____

Date: _____