

Workplace Job Safety Observation Form

Employee Name: _____

Date of Observation: _____

Work Area/Location: _____

Supervisor: _____

Tasks Observed:

1. Nature of Work: _____
2. Tools/Equipment Used: _____
3. Were safety guidelines followed? () Yes () No
4. Observed Safety Violations: _____

Observation Items	Safe ()	Unsafe ()	Action Required
Emergency exits clear			
Proper tool usage			
Housekeeping standards			
Noise levels controlled			

Recommendations for Improvement:

Employee Signature: _____

Date: _____