**Daily Safety Report Form**

**Basic Information:  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daily Safety Checklist:**

* **PPE Compliance: ☐ Yes ☐ No**
* **Equipment Check: ☐ Yes ☐ No**
* **Emergency Exits Clear: ☐ Yes ☐ No**
* **Safety Signage Visible: ☐ Yes ☐ No**

**Incident Log:**

| **Time** | **Incident Description** | **Action Taken** | **Person Responsible** |
| --- | --- | --- | --- |
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|  |  |  |  |

**Supervisor's Remarks:**

**Signatures:  
Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**