

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 |
|------|----------------------|--------------|--------------------|
| | | | |
| | | | |
| | | | |

Supervisor's Remarks:

- _____
- _____

Signatures:

Prepared By: _____

Date: _____