



Company Observed:		Date:		Name:	
<b>Observation</b>					
Physical:	Yes / No	Behavioral:	Yes / No	Safe Act:	Yes / No
<i>If this is a Safe Observation; proceed to communication to Supervisor and Employee</i>					
<b>Correction</b>					
Corrected:	Yes / No	Communicated to Who?			
<b>Corrective Means</b>					
Elimination: (e.g. Moving work to the ground level eliminates falling from heights.)					
Engineering: (e.g. Guards, Caps, Ventilation, Shields, Barriers, etc.)					
PPE: (e.g. Face Shield, Gloves, Fall Protection, etc.)					
Correction: Unsafe Act			Action Stopped: Yes / No		
Description:					
Control:					
Communicated to Employee: Yes / No		Communicated to Supervisor: Yes / No Name:			



Company Observed:		Date:		Name:	
<b>Observation</b>					
Physical:	Yes / No	Behavioral:	Yes / No	Safe Act:	Yes / No
<i>If this is a Safe Observation; proceed to communication to Supervisor and Employee</i>					
<b>Correction</b>					
Corrected:	Yes / No	Communicated to Who?			
<b>Corrective Means</b>					
Elimination: (e.g. Moving work to the ground level eliminates falling from heights.)					
Engineering: (e.g. Guards, Caps, Ventilation, Shields, Barriers, etc.)					
PPE: (e.g. Face Shield, Gloves, Fall Protection, etc.)					
Correction: Unsafe Act			Action Stopped: Yes / No		
Description:					
Control:					
Communicated to Employee: Yes / No		Communicated to Supervisor: Yes / No Name:			