# Work Behavior Observation Form

☐ Unsafe Observation ☐ Safe Observation
(☐ Intervention)

Circle No. Workers Observed

0 1 2 3 4 5 + 0 1 2 3 4 5 +

| | |
|---|---|
| Observer's Name: | |
| Date: | |
| Time: | |
| Company Observed: | |
| Location: | |
| Supervisor: | |

| | |
|---|---|
| ☐ Pre-task Planning | ☐ Improper Positioning |
| ☐ Trained/Qualified | ☐ Improper LOTO |
| ☐ Proper Tools | ☐ Apparel |
| ☐ Use of Tools | ☐ Repetitive Motion |
| ☐ Barricades/Wrk Zone | ☐ PPE |
| ☐ Housekeeping | ☐ Resp. Protection |
| ☐ Communication | ☐ Ladder Safety |
| ☐ Work Approach | ☐ Above 4'- no Fall Pr. |
| ☐ Attitude | ☐ Working Platform |
| ☐ Focus/Attentiveness | ☐ Scaffolding |
| ☐ Pace | ☐ Trip/Slip Hazard |
| ☐ Other: | |
| ☐ Other: | |
| ☐ Other: | |

**Actions Taken**: _____

*Turn Completed Forms in to Blount Island Safety Office via Guard Mail*

**Comments or Actions taken by (check box)**:
☐ Observer ☐ Supervisor ☐ H&S Manager
☐ Other: _____

When you are satisfied with the Form, please press the appropriate button below:

**Submit** Submit Electronically to Blount Island Safety Section

**Print** Print the Form