

SAFETY OBSERVATION RECORD

Project:			
Names of Observers:	1. 2.	Position:	Date:
What is the activity being observed?			
Where is the activity being carried out?			
Who is undertaking the activity?	<input type="checkbox"/> Proline <input type="checkbox"/> Subcontractor	Name of subcontractor (if applicable):	
Name and position of Supervisor:			

Brief description of activity

Is there a Safe Work Method Statement available for the activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Safe Work Method Statement been approved for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of personnel carrying out activity	Have these people been toolboxed?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<u>Areas of Observation</u>	<u>Acceptable Behaviour</u> Yes/No	<u>Comments</u>
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Is a copy of the safe work method present with the work crew?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the safe work method statement capture all hazards present at the time of the observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are those doing the task wearing the required personal protective equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are tools and equipment being used correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is the task done as per the SWMS? <i>If no list the differences</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Name and position of person(s) spoken to as part of the observation?	
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<u>Areas of Observation</u>	<u>Acceptable Behaviour</u> Yes/No	<u>Comments</u>
Are you aware of the potential hazards involved in the work activity? (What are they?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware of the control measures in place to eliminate or minimize the risk of harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What could be done to improve safety for this task?		

General Comments (document positive and/or safe behaviours observed)
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Does the safe work method statement appear to be adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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ACTION REQUIRED	NAME OF RESPONSIBLE PERSON	DATE DUE

Signatures of observers	
1.	2.