

BEHAVIOUR BASED SAFETY OBSERVATION FORM

Observer's Name:					
Date:					
Area Observed:					
Task Observed:					
Work Area:		Employee:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>
Position of People	Tick this box if everything is safe →	<input type="checkbox"/>	If N/A Tick Here	<input type="checkbox"/>	
Tick the below box, if unsafe					
<input type="checkbox"/>	Potential to be struck by objects				



SAMPLE

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Personal Protection Equipment (PPE)	Task No less if everything is safe ->	OK or Not Safe ->
Task the bottom line, if unsafe		
Not wearing a hard hat		
Not wearing hearing protection		
Not wearing eye protection		
Not wearing the correct footwear		
Not wearing suitable protection clothing		
Not wearing gloves if applicable		
What? Please comment:		
Task and Equipment		
Task No less if everything is safe ->		
OK or Not Safe ->		
Task the bottom line, if unsafe		
Access to the task		
Not used correctly		
Unsafe condition		
What? Please comment:		

[illegible]