

Basic Safety Form, Single-Sided

Safety Observation Form



SafetyCapture[®]
AUTOMATED DATA CAPTURE SOLUTION

Print clearly in
UPPERCASE letters.

A B C 1 2 3



Correct Mark:
X

OBSERVER

ID Number

--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE

Month Day Year

		-			-		
--	--	---	--	--	---	--	--

SITE / LOCATION (Mark only one)

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Tampa | <input type="checkbox"/> Atlanta |
| <input type="checkbox"/> Dallas | <input type="checkbox"/> Phoenix |
| <input type="checkbox"/> Houston | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Minneapolis | <input type="checkbox"/> New York |

OBSERVATION TYPE

(Mark only one)

- Individual
 Group

**NUMBER
OBSERVED**

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SHIFT

(Mark only one)

- Days
 Nights
 Swing

OBSERVER'S DEPARTMENT

(Mark only one)

- Staff
 Craft
 Visitor
 Subcontractor
 Other

WORKER / WORKGROUP OBSERVED

(Mark all that apply)

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Staff | <input type="checkbox"/> Boilermaker |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Carpenter |
| <input type="checkbox"/> Warehouse | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Operator | <input type="checkbox"/> Laborer |
| <input type="checkbox"/> Machinist | <input type="checkbox"/> Other |

1.0 Personal Protective Equipment

(Mark only one)

SAFE At-Risk

- 1.1 Eye / Face Protection
1.2 Hands Protection
1.3 Head Protection

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3.0 Workplace Conditions

(Mark only one)

SAFE At-Risk

- 3.1 Lighting
3.2 Surface
3.3 Hot Surface

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

2.0 Body Use and Position

- 2.1 Walking
2.2 Climbing
2.3 Lifting

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

4.0 Transportation

- 4.1 Cell Phone Use
4.2 Lights
4.3 Backup Alarm

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (clip)

**CATEGORY
ID**

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COMMENTS (KFI)

**CATEGORY
ID**

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