SSD-011

SAFETY OBSERVATION REPORT

Recognize safe work. Address risk promptly. Document feedback and verified improvement.

2 Project Information		**3 Observation Number**	
6 Jobsite Location		**4 Date and Time**	
1 Company Information		**Observer Contact / Department**	Time: _____ Shift: _____
7 Work Activity Observed		**Crew / Trade Observed**	
5 Observer Name		**18 Supervisor Review**	

1–7 Observation Information *Complete known details at the time of observation.*

8 Positive Safety Practices	17 Employee Feedback
☐ Procedures followed ☐ PPE and safeguards used ☐ Good communication / coordination ☐ Effective planning / housekeeping ☐ Hazard recognized / controlled Positive details: _____	Employee(s) engaged: _____ Feedback provided: _____ Employee response: _____ Questions / concerns: _____ Suggestions: _____ Follow-up requested: ☐ Yes ☐ No Feedback date / time: _____ ☐ Other: _____

11 Risk Level (Low, Medium, High, Critical) *Evaluate the credible potential consequence and urgency of action.*

RISK	Low	Medium	High	Critical	Positive Practice
RISK	Unsafe Condition	Unsafe Behavior	Immediate Action	Recommended Action	Follow-Up Required

Risk level: LOW MEDIUM HIGH CRITICAL

Response: Low - reinforce and monitor. Medium - correct promptly. High - stop or restrict affected work until effective controls are in place. Critical - stop work, isolate exposure, and escalate immediately.

8–15 Observation Findings and Actions

Record facts, feedback, controls, responsibility, and due dates.

#	OBSERVATION ITEM / AREA	FACTUAL OBSERVATION / FEEDBACK	IMMEDIATE / RECOMMENDED ACTION	RISK	TARGET DATE	PERSON RESPONSIBLE
1				L / M / H / C	L / M / H / C	
2				L / M / H / C	L / M / H / C	
3				L / M / H / C	L / M / H / C	
4				L / M / H / C	L / M / H / C	
5				L / M / H / C	L / M / H / C	
6				L / M / H / C	L / M / H / C	
7				L / M / H / C	L / M / H / C	

Risk Key: L = Low M = Medium H = High C = Critical

Observation reminder: Recognize positive practices, discuss concerns respectfully, control immediate risk, assign recommended actions to one accountable person, establish a target date, and verify effectiveness before closure.

8–13 Safety Practices, Conditions, Behaviors, and Actions

8–9 Positive Practices and Unsafe Conditions	10–13 Unsafe Behaviors and Actions
☐ 8 Positive Safety Practices ☐ 9 Unsafe Conditions Observed ☐ Access / housekeeping / barricades ☐ PPE / fall protection / guarding ☐ Tools / equipment / electrical ☐ Traffic / lifting / excavation Observation details: _____ Employee feedback: _____ Risk: ☐ L ☐ M ☐ H ☐ C Positive practice recognized: _____ Person engaged: _____ Date / time: _____ ☐ Other: _____	☐ 10 Unsafe Behaviors Observed ☐ Line of fire / positioning ☐ Procedure / authorization ☐ Equipment / tool use ☐ Communication / distraction ☐ 12 Immediate Actions Taken ☐ 13 Recommended Corrective Actions Employee feedback: _____ Risk: ☐ L ☐ M ☐ H ☐ C Positive practice recognized: _____ Person engaged: _____ Date / time: _____ ☐ Other: _____

18 Supervisor Review

Person Responsible		**Target Completion Date**	
12 Immediate Actions Taken		**Affected Area / Employee**	
Work Stopped / Restricted?	☐ No ☐ Yes - details: _____	**15 Target Completion Date Confirmed?**	☐ No ☐ Yes - to: _____ –
Recommended Corrective Actions / Notes		**Follow-Up Due / Verification Date**	Date: _____ Time: _____

19 Management Approval

☐ Observation discussed with employee	☐ Risk level confirmed	☐ 14 Person Responsible assigned	☐ 15 Target Completion Date assigned
☐ Immediate actions verified	☐ Management escalation completed	☐ Photos / evidence reviewed	☐ Other: _____

16 Follow-Up Verification

Before closure, confirm immediate actions remain effective, recommended corrective actions are complete, affected employees received

feedback, and follow-up verified that the change addresses the observed condition or behavior. Reopen or escalate ineffective or overdue

actions and retain the completed record according to company requirements.

Observation / Action No.		**Date / Time**	
Recommended Corrective Action / Follow-Up		**16 Follow-Up Verification By**	

18 Supervisor Review *Confirm risk, actions, assignments, and follow-up requirements.*

REVIEW / APPROVAL	PRINTED NAME	SIGNATURE	DATE / TIME
Observer			
18 Supervisor Review			
19 Management Approval			
Additional Approval (if required)			

14–16 Corrective Action and Follow-Up Tracking: Assign an owner, target date, and verifier.

Use one line per recommended action. The person responsible records completion; the verifier confirms effectiveness. Open, overdue, or ineffective actions must be escalated and carried forward until resolved.

RECOMMENDED CORRECTIVE ACTION	PERSON RESPONSIBLE	TARGET / COMPLETED	FOLLOW-UP VERIFIED

18 Supervisor Review | 19 Management Approval | 20 Record Retention

16 Follow-Up Verification	☐ Effective ☐ Reopen / follow-up required	**Date / Time**	
18 Supervisor Review	☐ Complete ☐ Escalation required	**19 Management Approval / Comments**	
20 Record Retention Location / Period		**Record Closed / Retained By**	

IMPORTANT: This report supports safety observations, feedback, and corrective-action tracking but does not replace applicable laws, regulations, competent-person inspections, incident reporting, site rules, or professional judgment. The employer remains responsible for timely hazard correction, qualified review, employee protections, follow-up, and secure record retention.