

# SAFETY OBSERVATION CARD



A quick, easy to fill out safety observation card form including date, location, observation type, description, and action taken.

* Your Name	* Date / Time

## OBSERVATION DETAILS

Date and Time	Location
Service Line	Location Type <input type="checkbox"/> Company property <input type="checkbox"/> Customer location <input type="checkbox"/> Public property <input type="checkbox"/> While driving <input type="checkbox"/> Other
Location Description ----- ----- ----- -----	

*This question only applies if Location Type is Customer location*

Customer
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## OBSERVATION

* Type of Observation <input type="checkbox"/> Safe Observation <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Near Miss <input type="checkbox"/> Stop Work
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*This question only applies if Type of Observation is Unsafe Act, Unsafe Condition, Near Miss, or Stop Work*

Describe hazardous conditions, at risk behavior, or safe behavior ----- ----- ----- -----
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*This question only applies if Type of Observation is Safe Observation*

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Describe safe observation, behavior or condition

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*This question only applies if Type of Observation is Unsafe Act, Unsafe Condition, Near Miss, or Stop Work or Type of Observation is Safe Observation*

**ACTION TAKEN**

*This question only applies if Type of Observation is Unsafe Act, Unsafe Condition, Near Miss, or Stop Work*

Action taken to change unsafe performance or condition

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*This question only applies if Type of Observation is Safe Observation*

Action taken to reinforce safe performance

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