

OBSERVATION CARD



Name:

Location:

Date/Time:

Company:

Type of observation (please tick)

Conversation

Safe

Act/Behaviour

Observation

Unsafe

Condition/Consequence

WHAT DID YOU OBSERVE OR WHAT CHANGED?



WHAT DID YOU DO ABOUT IT?

Did you stop the job? Yes No





INDIVIDUAL/TEAM/ORGANISATION FEEDBACK

HAZARD(S) IDENTIFIED (MARK AS IDENTIFIED)



Other:

Feedback given?

Yes

No

Reference: