

SAFETY ASSESSMENT FORM

Date:	Dept:	Location/Work:	Observer:	Name of Person(s) Being Observed:

PPE	A	U/A	N/A	Observation/Comment
Safety Glasses				
Safety Vests				
Hard Hats				
Ear Plugs				
Gloves				
Tools & Equipment	A	U/A	N/A	Observation/Comment
Proper Use of Tools				
Proper Guarding				
Proper Grounding				
Cords in Good Condition				
Traffic	A	U/A	N/A	Observation/Comment
Use of Cones, Signs, Barricades, etc.				
Appropriate Signage				
Proper Sign Placement				
Flagman Present				
Housekeeping	A	U/A	N/A	Observation/Comment
Clean Work Areas				
Hazards Marked				
Exits Clear of Debris & Material				

A= Acceptable Condition/Behavior U/A= Unacceptable Condition/Behavior N/A= Not Applicable

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Confined Space	A	U/A	N/A	Observation/Comment
Permit Completed				
Atmospheric Test & Hazards Check				
Retrieval System in Place				
Attendant in Place				
Confined Space Training Verified				
Excavating/Trenching	A	U/A	N/A	Observation/Comment
Competent Person Has Evaluated Soil				
Sloping, Shoring, or Benching				
Means of Egress at 4' or Deeper				
Materials at 2' or More From Edge				
Fire Protection	A	U/A	N/A	Observation/Comment
Fire Extinguishers Full				
Proper Fire Extinguisher Location				
Hot Work Clear of Flammables/Combustibles				
No Smoking Near Flammables				
Cylinders/Tanks Properly Stored & Secured				
Misc.	A	U/A	N/A	Observation/Comment

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