

Name _____

Date _____

Safety Work Observation

Please fill in appropriate box the safety act

Technique _____

Behavior/Attitude _____

Location _____

Time _____

Job/Task _____

Job/Task _____

Job/Task _____

Job/Task _____

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Job/Task _____

Job/Task _____

PERSONNEL

Proper Lifting _____

Storing Materials, Equipment _____

Working with Tools & Equipment _____

LOCS (LOCKOUT/TAGOUT)

Proper Installation of Tools _____

Proper Use of Tools _____

Proper Guards & Retention Guards _____

Proper Use of Gas Powered Equipment _____

Storage of Tools, Gasoline _____

HAZARDOUS MATERIALS

Job Hazard Assessment _____

Activities in the Workplace _____

Lead in the Work Place _____

Working with Hazardous Materials _____

GENERAL SAFETY / WARNING

Excavation Precautions _____

Prevention of Excavation From Gasoline _____

Proper Digging Trench, Trench Shoring _____

Use & Disposal of Insecticides & Pests _____

WIRE / CABLES

Proper Tools and Operation _____

Proper Use of Tools and Equipment _____

Proper Methods and Operations _____

GENERAL LIFE AND PLAYGROUND

Vehicle Accident (Car, Van, Moving House) _____

Bucket & Lift Inspection _____

Wheel Chocks (Van, Equipment) _____

Inspecting and Using Aerial Platforms _____

SCAFFOLD

Proper Handling _____

Proper Storage _____

Proper Disassembly _____

HAZARDOUS / TOXIC / AND OTHER GASES

Accidents Gasoline, Safety Goggles, Goggles _____

Shower and Ventilation Equipment _____

Gas Detection Equipment _____

Pump - Blasting Location _____

Working in Weather _____

LIFTING WORK

Job Hazard Frequency _____

Inspection of LIFT Work Vehicles & Trailers _____

Use of Two-way Communication _____

Working Near Power _____

Working with Gasoline, Fuel, Heat _____

Working with Heavy Lifting _____

Working with _____

GENERAL / TOXIC / AND OTHER GASES

Accidents Gasoline, Safety Goggles, Goggles _____

Shower and Ventilation Equipment _____

Gas Detection Equipment _____

Pump - Blasting Location _____

Working in Weather _____

HAZARDOUS / TOXIC / AND OTHER GASES

Accidents Gasoline, Safety Goggles, Goggles _____

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Working in Weather _____

HAZARDOUS / TOXIC / AND OTHER GASES

Accidents Gasoline, Safety Goggles, Goggles _____

Shower and Ventilation Equipment _____

Gas Detection Equipment _____

**Safety
At
Work**

E

PERSONAL PROTECTIVE

Respirator Use _____

Eye Protection _____

Head Goggles _____

Proper Footwear _____

Ear Protection _____

Written/Label Protection Paper/Sign _____

WORK AREA PROTECTIVE

Advance Warning Signs _____

Traffic Signs / Additional Devices (to _____

Position of Sign, to Work Area _____

Written, Material & Protection Safety _____

Flags, Flag Materials (if required) _____

WORK ZONES

HAZARDOUS MATERIALS

MSA Tool Kit - Voltage Detector _____

Insulating Gloves _____

Insulating Rubber Gloves _____

Shower, Shower, Safety, See Site, See _____

Work Area (if required) _____

Work Area _____

Working Technique _____

Warning & Learning Drop Sign _____

Warning & Learning Tools & Mat _____

Written Labels _____

Sign To / Ladder Lock, Other _____

Ladder Work _____

HAZARDOUS / TOXIC / AND OTHER GASES

Pro Safety, Personnel _____

Pro Safety, Personnel _____

General Housekeeping _____

General _____

Immediate Supervisor _____

Manager _____

Owner _____

Name _____

Date _____

Maintain the Safety Conditions of Your Work Environment!

Your Company Name & Logo

STOP Safety Observation

Work Order # _____

Work Order Date _____

Work Order Time _____

Work Order Location _____

Work Order Description _____

Work Order Status _____

Work Order Priority _____

Work Order Type _____

Work Order Category _____

Work Order Sub-Category _____

Work Order Code _____

Work Order ID _____

Work Order Status _____

Work Order Priority _____

Work Order Type _____

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Work Order Sub-Category _____

Work Order Code _____

Work Order ID _____

Work Order Status _____

Work Order Priority _____

Safety

Work Observation / Review

Team Leader: _____

Phone #: _____

This book contains observations

From: _____ To: _____

Group Number: _____

Team Leader ID Number: _____

Tech ID Number

Comments

- 01 All OK
- 02 Reviewed with technician
- 03 Corrected job site observations
- 04 Discussed the need to work safely
- 05 Discussed Personal Protection
- 06 Discussed Work Area Protection
- 07 Discussed Electrical Hazards
- 08 Discussed Working Aids
- 09 Discussed Personal Safety
- 10 Discussed Ergonomics
- 11 Discussed Hand & Power Tools
- 12 Discussed Hazards and Hot Mat
- 13 Discussed Ropes, Pumps & Conduit
- 14 Discussed Tree Trimming
- 15 Discussed Aerial Lifts & Pottins
- 16 Discussed "tag"
- 17 Discussed "in" work
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- 99 Discussed "in" work
- 100 Discussed "in" work

Instructions

1. Write in the Tech name, reviewer's name, location and time.
2. Code your group number... this number can be obtained from your database administrator.
3. Code ALL parts of the date: Month, Day and Year.
4. Job number is optional. If the job number includes letters, leave the spaces where the letters would be located.
5. Code Tech ID and Reviewer ID. Lists of ID numbers are available from your database administrator.
6. Perform the safety review.
7. If an item is observed and found correct, code "YES". If the item is a defect, then code "NO".
8. If the item is not covered or not applicable, leave the item "BLANK".
9. Code up to three comments in the comments section by checking from the source list.
10. Use a Number 2 pencil for all coding.
11. Do not write on the top of the card between the loose magnetic coding strips or the area printing "Safety Work Observation / Review".
12. Do not write in the Timing Track down the left side of the card.
13. Do not staple.
14. Any erasures must be made completely. Do not use white out.

Safety Observation

Code	Description	Yes/No	Code	Description	Yes/No
01	All OK		01	All OK	
02	Reviewed with technician		02	Reviewed with technician	
03	Corrected job site observations		03	Corrected job site observations	
04	Discussed the need to work safely		04	Discussed the need to work safely	
05	Discussed Personal Protection		05	Discussed Personal Protection	
06	Discussed Work Area Protection		06	Discussed Work Area Protection	
07	Discussed Electrical Hazards		07	Discussed Electrical Hazards	
08	Discussed Working Aids		08	Discussed Working Aids	
09	Discussed Personal Safety		09	Discussed Personal Safety	
10	Discussed Ergonomics		10	Discussed Ergonomics	
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Work Order Number: _____

Work Order Date: _____

Work Order Time: _____

Work Order Location: _____

Work Order Description: _____

Work Order Status: _____

Work Order Priority: _____

Work Order Type: _____

Work Order Category: _____

Work Order Sub-Category: _____

Work Order Code: _____

Work Order ID: _____

Work Order Status: _____

Work Order Priority: _____

Work Order Type: _____

Work Order Category: _____

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Work Order Type: _____

Work Order Category: _____

Work Order Sub-Category: _____

Work Order Code: _____

Work Order ID: _____

Work Order Status: _____

Work Order Priority: _____

Work Order Type: _____



DRIVER'S DAILY LOG (41 80002)

Print Clearly Within the Boxes

Month	Day	Year	Total Miles Being Tracked	CARRIER NAME & ADDRESS
Tractor Number		Driver's ID Code		Driver's Signature in Full
Trailer Number		Co-Driver's ID Code		Co-Driver's Name

	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	TOTAL MILES	
1. OFF DUTY																								
2. SLEEPING																								
3. DRIVING																								
4. ON DUTY NOT DRIVING																								
5. TOTAL MILES																								

TOT. MI.
TOD. MI.
TOD. MI.

Signature of Carrier and
Signature of Driver

SHIP DESTINATION: U.S.A. / U.S. MAIL Full Driver ID
Copy Retention
Time Full Day Inspector Signed
Full Day Inspector Signed

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CDL Regulations