

Attachment 4

Workplace Safety Observation Form

Name of Observer: _____ Time: _____ AM/PM Date: _____

Worker 1 Observed: _____

Worker 2 Observed: _____

Please check the boxes below including a brief description of the discrepancy related to each "No" checked. in the comment section or back side of form.

Job and Location: _____

I. PERSONAL SAFETY

	OSHA Ref. 29 CFR 1910	Worker 1			Worker 2			Specify
		Yes	No	NA	Yes	No	NA	
Clothing (FR-Rated) On	.132/.335							
Eye Protection Used (Specify)	.133							
Hard Hat Used	.135							
Arc Shield Used	.132/.335							
Hearing Protection Used	.95							
Rubber Gloves Tested and Used	.137							
Leather Gloves Used	.138							
Insulated Tools Used	.335							
GFCI Portable Device Used	.305							

II. PROPER WORK METHODS

	NFPA 70E			
Job Briefing Conducted (or if alone, all 6 topics considered)				
Can Identify Potentially Energized Parts, Nominal Voltage _____ Volts	.335			
Can State Shock Approach Boundaries: Limited: _____ in. Restricted: _____ in.	.335			
Lockout/Tagout Equipment and Procedures Used Properly	.147			
Fire Extinguisher Available and Charged	.157			
First Aid Kit Available; Full/Current	.151			
Proper Illumination Available (minimum 10 ft candles)	.333			
Testing with CAT III Meter to Determine De-energized. Test Before and After?	.335			
Ladder Safety Practices Used	.25			
Barricade or Barriers Installed if Working Near Exposed Energized Parts	.333			
Housekeeping Clean and Neat on Job Site	.333			
Visually Inspect Cords and Test Leads, GFCI Equipment Used	.334			
Precautions Used for Working Near Ignitable Material	.334			
Demonstrate Knowledge of Construction and Operation of Equipment	.335			

Comments: