



# Observation of Behavior for Safety Improvement Report (OBSIRve)

## **OBSERVATION CATEGORIES**

### **MACHINES, TOOLS & PPE**

- Correct for Job Performed?**     Yes     No  
**Used Correctly?**     Yes     No  
**In Good Condition?**     Yes     No

### **WORK PRACTICES**

- Understood?**     Yes     No  
**Being Followed?**     Yes     No  
**Appropriate for Work Performed?**     Yes     No

### **HOUSEKEEPING**

- Proper Work Space & Aisleways Maintained?**     Yes     No  
**Equipment, Materials & Tools Staged & Stored Properly?**     Yes     No  
**Space Adequate?**     Yes     No

### **ERGONOMICS**

- Equipment & Tools Adjusted for Comfortable & Efficient Use?**     Yes     No  
**Good Technique Used to Minimize:**  
     • **Awkward Posture?**     Yes     No  
     • **Unnecessary Excessive Force?**     Yes     No  
     • **Unnecessary Repetitive Motion?**     Yes     No  
**Varying Posture & Job Tasks Regularly?**     Yes     No  
**Task Can Be Completed in an Ergonomically Low Risk Manner?**     Yes     No



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**Workers'  
Compensation  
Program**

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## **SAFETY OBSERVATION ACTIONS TAKEN**

### **DESCRIPTION OF SAFETY OBSERVATION:**

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### **ACTION TAKEN (TO BE TAKEN) TO REINFORCE SAFETY BEHAVIORS AND/OR CORRECT UNSAFE BEHAVIORS AND CONDITIONS:**

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**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPT./LOCATION:** \_\_\_\_\_



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