



**SafetyCapture®**  
*Automated Data Capture Solution*

## Sample Forms

***Section 1:***

***SafetyCapture onDemand***

***Sample Forms***



# Behavior-Based Safety Observation Card Front



## BBS OBSERVATION CARD TARJETA DE OBSERVACION

PLEASE COMPLETE ALL (22) AREAS - POR FAVOR COMPLETE TODAS LAS (22) AREAS

Print clearly in UPPERCASE letters.  Use blue or black ink pen ONLY.  Correct Mark

1) DATE OF OBSERVATION /  
FECHA DE OBSERVACION:

Month Day Year  
  -   -

2) OBSERVER'S NAME (YOUR NAME) / NOMBRE DEL OBSERVADOR:

First Name Last Name

THE REMAINING BOXES ARE ABOUT THE ASSOCIATE BEING OBSERVED / LAS SIGUIENTES CAJAS SE TRATAN DE LA EMPLEADO OBSERVADA

3) DEPT:

4) YEARS OF SERVICE / ANOS DE SERVICIO:

Years and/or months

5) SHIFT/TURNO:

1ST  
 2ND  3RD  WEEKEND

6) TASK PERFORMED / TRABAJO REALIZADO:

	MARK ONLY ONE				MARK ONLY ONE		
	Safe/ Seguro	At-Risk/ Riesgoso	N/A No Aplica		Safe/ Seguro	At-Risk/ Riesgoso	N/A No Aplica
<b>7) INITIAL ACTIONS/ACCION INICIAL</b>				<b>10) PROCEDURES AND STANDARDS / PROCESOS Y PROCEDIMIENTOS</b>			
Eyes on task / La vista fija en la tarea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understood / Entiendo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not rushing / No apurar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Followed / Seguido	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance, traction, grip / Balance, traccion, agarre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping / Aseo (orden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mind on task / Concentrado en la tarea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>8) LINE OF FIRE / LINEA DE TIRO</b>				<b>11) TOOLS AND EQUIPMENT / INSTRUMENTOS Y EQUIPO</b>			
Body position (falling, pinch points) / Posicion del cuerpo (cayendose, puntos de pellizcos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe condition / Condicion segura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE (adequate, worn properly) / EPP (adecuado, puesto adecuadamente)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct for task / Correcto para la tarea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screens, guards, rails (adequate, in place) / Mallas, guardias, agarraderas (en su lugar, adecuado)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used correctly and safely / usados correctamente y seguro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockout tagout used correctly / Uso correcto de bloqueo etiquetado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knives & scissors stored properly when not in use / Cuchillos o tijeras guardadas en bandejas cuando no estan en uso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee safe distance from another's knife or scissors / Distancia segura de otros usando cuchillos o tijeras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>12) PIT DRIVING / MANEJANDO DE PIT</b>			
<b>9) BODY MECHANICS (ERGONOMICS) / ERGONOMIA</b>				Operating at safe speed / Operando a velocidad segura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting, bending, twisting / Levantando, agachando, torcerando	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving with load behind / Manejando con carga atras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive motions / Movimiento repetitivo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintaining safe distance between others / Manteniendo distancia segura entre otros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching, pulling, pushing / Alcanzando, estirando, empujando	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhibits safe driving behaviors / Demonstrado comportamiento seguro manejado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posture (static - prolonged) / Postura (inmovil - prolongada)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keeps body parts in running lines of PIT / Guardando las partes del cuerpo dentro de lineas corrientes de PIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they comfortable in their job? / Es el empleado comodo en su trabajo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Excessive force / Fuerza excesiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

13) What good behaviors were observed? - Que buenos comportamientos seguros se observaron?

14) What positive reinforcement was given for good behaviors observed? - Que refuerzo positivo se dió por el buen comportamiento observada?

15) Focus area comments / Area en foco comentarios:

16) Did you review the observation card with the associate? - La tarjeta se revisaron con el empleado?  YES  NO

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# Behavior-Based Safety Observation Card Back

NOTE: If you did not observe any at risk behaviors, barriers, or hazards, please mark "N/A" on lines 17, 18, and 21  
 NOTA: Si no observo ningun comportamiento de riesgo, barrera, o peligro, por favor marque N/A en la línea 17, 18, y 21

17) What at risk behavior, barrier, or hazard was observed? - *Cual comportamiento potencialmente peligroso, barrera, o peligro fue observado?*  N/A

18) What kind of positive correction was given? - *Que correccion positiva se dio?*  N/A

19) Did the associate commit to change the at risk behavior? - *Se comprometio el asociado a cambiar su comportamiento de riesgo?* MARK ONLY ONE  YES  NO  N/A

20) Is follow-up required? - *Se require seguimiento?*  YES  NO

21) If follow up is required, what is the follow up? / *Si investigacion es requerida, que es necesario hacer?*  N/A

22) Any other comments / *Todos otros comentarios:*

### Supervisor's Use Only

Follow up complete immediately:

- YES  
 NO  
 NONE REQUIRED

Future follow up scheduled date:

Month Day Year  
  -   -

Follow up actual date of completion:

Month Day Year  
  -   -

What follow up action was completed?

Supervisor's initials:

Date:

Month Day Year  
  -   -

## BBS Quality Rating Matrix

	Criteria	Supporting Documentation Guidelines	Enter 1 or 0 in the box
1	<b>Task</b> Task of the employee(s) observed must be clearly described	The task of the employee(s) must be clearly described to enable the BBS team to review the data and to start a proper barrier removal process if necessary.	<input type="checkbox"/>
2	<b>Behaviors</b> All categories checked off properly that apply to task observed including special focus areas	BBS observations must be properly completed and applicable to the task observed. Employees must take time to fully read items on the BBS card and check items applicable to the specific task observed in order for the committee to gain and compile quality trend data. Quarterly focus areas must be part of the observation.	<input type="checkbox"/>
3	<b>Reason</b> Boxes checked "At Risk" have explanation in comment section	For boxes that identify unsafe or "At Risk" acts, comments should be provided to adequately explain what task was being performed and have some explanation of what was unsafe. Observations completed that are "all safe" should be given 1 point.	<input type="checkbox"/>
4	<b>Solution</b> Barriers raised and corrective actions for barriers observed as well as solutions for barrier removal	Barriers raised by the observed shall be mentioned on the card as well as his/her possible solutions for the barrier removal. The intention is to focus on behavioral barriers. Observations completed that are "all safe" should be given 1 point.	<input type="checkbox"/>
5	<b>Agreed</b> BBS card completed with post observation discussion and contains feedback.	At the completion of an observation, the content or findings must be reviewed with the employee. This is a chance for both employees to discuss any safe or unsafe acts that were observed and positively discuss corrective actions for barriers identified. The BBS program is about awareness and the post observation discussion can be helpful in developing safe habits for others and the observer. BBS is not just about providing feedback on unsafe acts, but about creatively/positively correcting unsafe behaviors/hazards.	<input type="checkbox"/>

If score is 3 or less, date coaching completed: Month Day Year  
  -   -

Supervisor's initials for coaching completed:

Date: Month Day Year  
  -   -

BBS Committee review initials:

Total:

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# Safety Observation Card Front



## Safety Observation Card

Print clearly in UPPERCASE letters. **A B C 1 2 3** Correct Mark: **X**

### OBSERVER

ID Number

--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### DATE

Month		Day		Year	

### SITE / LOCATION

(Mark only one)

- Ft. Lauderdale
- Ft. Worth
- Denver
- Minneapolis
- Atlanta
- Phoenix
- Sacramento
- New York

### OBSERVER'S DEPARTMENT

(Mark only one)

- Staff
- Food Service
- Visitor
- Subcontractor
- Other

### 1.0 Personal Protective Equipment

(Mark only one)

		SAFE	At-Risk
1.1	Eye / Face Protection	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Hands Protection	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Head Protection	<input type="checkbox"/>	<input type="checkbox"/>

### 2.0 Body Use and Position

2.1	Walking	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Climbing	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Lifting	<input type="checkbox"/>	<input type="checkbox"/>

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# Safety Observation Card Back

3.0 Workplace Conditions		<i>(Mark only one)</i>	
		SAFE	At-Risk
3.1	Lighting	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Surface	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Hot Surface	<input type="checkbox"/>	<input type="checkbox"/>
4.0 Transportation			
4.1	Cell Phone Use	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Lights	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Backup Alarm	<input type="checkbox"/>	<input type="checkbox"/>

Category ID  .  Comment (clip)

Category ID  .  Comment (KFI)

\_\_\_\_\_  
SAFETY DIRECTOR SIGNATURE

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***Section 2:***

***SafetyCapture Desktop***

***Sample Forms***

# Site Observation Card Front

Serial numbering to uniquely identify the form and related data for reporting purposes

**SERIAL#**

AT-RISK BEHAVIORS	NEAR MISS	GOOD CATCH	COACHING PROVIDED?	LEARNING OPPORTUNITY?
<input type="radio"/> Yes <input type="radio"/> No				

SITE		
<input type="radio"/> Big Lake	<input type="radio"/> Manalapan	<input type="radio"/> Napa
<input type="radio"/> New York	<input type="radio"/> Beaumont	<input type="radio"/> Hoover
<input type="radio"/> Cohasset	<input type="radio"/> Hardin	<input type="radio"/> Plymouth
<input type="radio"/> Monticello	<input type="radio"/> Woodstock	<input type="radio"/> Irvine
<input type="radio"/> Anoka	<input type="radio"/> Flower Mound	<input type="radio"/> Reed Springs
<input type="radio"/> Rush City	<input type="radio"/> Minnetonka	<input type="radio"/> Lutz
<input type="radio"/> Glenwood	<input type="radio"/> Canyon Lake	<input type="radio"/> Eagan
<input type="radio"/> Marathon	<input type="radio"/> Erie	<input type="radio"/> Other
<input type="radio"/> Milaca		

COMMENTS - COACHING

COMMENTS - LEARNING OPPORTUNITY

## SITE OBSERVATION CARD SafetyCapture®

### Marking Instructions

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the oval completely.

CORRECT   
INCORRECT   

DATE		
MO.	DAY	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

TIME 24-HOUR CLOCK		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

AREA
<input type="radio"/> Battery Room
<input type="radio"/> Boiler Area
<input type="radio"/> Control Room
<input type="radio"/> Maint Shop/Tool Room
<input type="radio"/> Office Area/Admin Bldg
<input type="radio"/> Parking Lot
<input type="radio"/> Switchyard
<input type="radio"/> Turbine/Generator Area
<input type="radio"/> Warehouse/Storeroom
<input type="radio"/> Other

OUTAGE
<input type="radio"/> Yes
<input type="radio"/> No

RESPONSIBLE WORK GROUP
<input type="radio"/> Administration
<input type="radio"/> Contractor
<input type="radio"/> Maint/I&C
<input type="radio"/> Management
<input type="radio"/> Operations
<input type="radio"/> Corporate
<input type="radio"/> Professional
<input type="radio"/> Tech/Eng

CONTRACTORS
<input type="radio"/> Vikings
<input type="radio"/> Bears
<input type="radio"/> Lions
<input type="radio"/> Packers
<input type="radio"/> Pistons
<input type="radio"/> Wolves
<input type="radio"/> Twins
<input type="radio"/> Lynx
<input type="radio"/> Gophers
<input type="radio"/> Wild

PREPARED BY (EMPLOYEE ID #)					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

OBSERVER
<input type="radio"/> Employee
<input type="radio"/> Contractor



# Observation Card Front

## AFILLOS ANGELES Safety Observation Card

### Marking Instructions

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the oval completely.
- Only need to fill out sections that are applicable; blank items will be assumed N/A.
- Items marked "at risk" should have further details in back comments section.

**CORRECT**



**INCORRECT**



Date		Observer Department	
DAY	YEAR	Facilities	OC
<input type="radio"/> JAN	<input type="radio"/> 2019	<input type="radio"/> Packaging / Shipping	<input type="radio"/>
<input type="radio"/> FEB	<input type="radio"/> 2020	<input type="radio"/> Warehouse	<input type="radio"/>
<input type="radio"/> MAR	<input type="radio"/> 2021	<input type="radio"/> Assembly	<input type="radio"/>
<input type="radio"/> APR	<input type="radio"/> 2022	<input type="radio"/> Documentation	<input type="radio"/>
<input type="radio"/> MAY	<input type="radio"/> 2023	<input type="radio"/> Legal	<input type="radio"/>
<input type="radio"/> JUNE	<input type="radio"/> 2024	<input type="radio"/> Food Service	<input type="radio"/>
<input type="radio"/> JULY	<input type="radio"/> 2025	<input type="radio"/> HSE	<input type="radio"/>
<input type="radio"/> AUG	<input type="radio"/> 2026	<input type="radio"/> Engineering	<input type="radio"/>
<input type="radio"/> SEPT	<input type="radio"/> 2027	<input type="radio"/> Training	<input type="radio"/>
<input type="radio"/> OCT	<input type="radio"/> 2028	<input type="radio"/> Administration	<input type="radio"/>
<input type="radio"/> NOV			
<input type="radio"/> DEC			

Shift	Observed	Outage
<input type="radio"/> A	<input type="radio"/> Employee	<input type="radio"/> Yes
<input type="radio"/> B	<input type="radio"/> Contractor	<input type="radio"/> No
<input type="radio"/> C	<input type="radio"/> Work Area	
<input type="radio"/> D		

Departments Audited	AT Risk
<input type="radio"/> Warehouse	<input type="radio"/> Yes
<input type="radio"/> Assembly	<input type="radio"/> No
<input type="radio"/> Food Service	
<input type="radio"/> RA / Odin	
<input type="radio"/> RB / Thor	
<input type="radio"/> RC / Hera	
<input type="radio"/> RD / Loki	
<input type="radio"/> Packaging / Shipping	
<input type="radio"/> General Grounds	
<input type="radio"/> Administration	
<input type="radio"/> Development Lab	
<input type="radio"/> Maintenance Shops	
<input type="radio"/> Training Lab	

Type	CI Generated
<input type="radio"/> APT	<input type="radio"/> Yes
<input type="radio"/> TSO	<input type="radio"/> No
<input type="radio"/> Both	

### Accident Prevention Technique/Task Safety Observation

1.0 Personal Protective Equipment	Safe	At Risk
1.01 Hard Hat	<input type="radio"/>	<input type="radio"/>
1.02 Safety Glasses	<input type="radio"/>	<input type="radio"/>
1.03 Gloves (chemical, leather AN)	<input type="radio"/>	<input type="radio"/>
1.04 Hearing Protection	<input type="radio"/>	<input type="radio"/>
1.05 Faceshields	<input type="radio"/>	<input type="radio"/>
1.06 Fall Protection	<input type="radio"/>	<input type="radio"/>
1.07 Respiratory Protection	<input type="radio"/>	<input type="radio"/>
1.08 Job Specific PPE	<input type="radio"/>	<input type="radio"/>
1.09 Safety Shoes	<input type="radio"/>	<input type="radio"/>
2.0 Body Use & Movement	Safe	At Risk
2.01 Body Position	<input type="radio"/>	<input type="radio"/>
2.02 Line of Fire	<input type="radio"/>	<input type="radio"/>
2.03 Eyes on Task	<input type="radio"/>	<input type="radio"/>
2.04 Proper Lifting Technique	<input type="radio"/>	<input type="radio"/>
2.05 Ascending/Descending Stairs	<input type="radio"/>	<input type="radio"/>
2.06 Pinch Point	<input type="radio"/>	<input type="radio"/>
3.0 Vehicle Use	Safe	At Risk
3.01 Speed	<input type="radio"/>	<input type="radio"/>
3.02 Seat Belt	<input type="radio"/>	<input type="radio"/>
3.03 Stop Sign	<input type="radio"/>	<input type="radio"/>
3.04 Cell Phone Use	<input type="radio"/>	<input type="radio"/>
3.05 Vehicle Operation	<input type="radio"/>	<input type="radio"/>
3.06 Vehicle in Authorized Area / Roadway	<input type="radio"/>	<input type="radio"/>
4.0 Job Planning/Permits	Safe	At Risk
4.01 Pre-Job Walkdown	<input type="radio"/>	<input type="radio"/>
4.02 Safe Work Permit	<input type="radio"/>	<input type="radio"/>
4.03 Hot Work Permit	<input type="radio"/>	<input type="radio"/>
4.04 Confined Space Permit	<input type="radio"/>	<input type="radio"/>
4.05 Line Break Permit	<input type="radio"/>	<input type="radio"/>
4.06 Job Safety Analysis	<input type="radio"/>	<input type="radio"/>
4.07 Excavation Checklist	<input type="radio"/>	<input type="radio"/>
4.08 Critical Lift Plan	<input type="radio"/>	<input type="radio"/>
4.09 Lockout/Tagout	<input type="radio"/>	<input type="radio"/>
4.10 Scaffold Tags	<input type="radio"/>	<input type="radio"/>
4.11 Communication/Radios/etc.	<input type="radio"/>	<input type="radio"/>
4.12 Fire Watch/Hole Watch	<input type="radio"/>	<input type="radio"/>
4.13 Process Equipment Cleaned/Cleaned	<input type="radio"/>	<input type="radio"/>
4.14 Safety Equipment/Devices Available	<input type="radio"/>	<input type="radio"/>
4.15 Escape Routes Available	<input type="radio"/>	<input type="radio"/>
5.0 Jobsite Condition	Safe	At Risk
5.01 Barricade	<input type="radio"/>	<input type="radio"/>
5.02 Lighting	<input type="radio"/>	<input type="radio"/>
5.03 Container Labels	<input type="radio"/>	<input type="radio"/>
5.04 Cut/Puncture Hazard	<input type="radio"/>	<input type="radio"/>
5.05 Sparks/Slag Containment	<input type="radio"/>	<input type="radio"/>
5.06 Scaffolding	<input type="radio"/>	<input type="radio"/>
5.07 Struck By/Fall to Below Hazard	<input type="radio"/>	<input type="radio"/>
5.08 Slip/Trip Hazards	<input type="radio"/>	<input type="radio"/>
5.09 Area Congestion	<input type="radio"/>	<input type="radio"/>
6.0 General Housekeeping	Safe	At Risk
6.01 Trash Bins	<input type="radio"/>	<input type="radio"/>
6.02 Water and Algae	<input type="radio"/>	<input type="radio"/>
6.03 Leaks and Spills	<input type="radio"/>	<input type="radio"/>
6.04 Misc. Trash/Cutler	<input type="radio"/>	<input type="radio"/>
6.05 Airborne Debris	<input type="radio"/>	<input type="radio"/>
6.06 Tools/Equip. Storage	<input type="radio"/>	<input type="radio"/>
7.0 Use of Tools, Equip, Safety Devices	Safe	At Risk
7.01 Gas Cylinder Secured	<input type="radio"/>	<input type="radio"/>
7.02 Tools/Equip. Condition	<input type="radio"/>	<input type="radio"/>
7.03 Correct Tool for Job	<input type="radio"/>	<input type="radio"/>
7.04 Electrical Ground/GFCI	<input type="radio"/>	<input type="radio"/>
7.05 Fire Extinguisher	<input type="radio"/>	<input type="radio"/>
7.06 Rigging	<input type="radio"/>	<input type="radio"/>
7.07 Wheel Chocks	<input type="radio"/>	<input type="radio"/>
7.08 Glad Hand Locks	<input type="radio"/>	<input type="radio"/>
7.09 Dock Locks	<input type="radio"/>	<input type="radio"/>
7.10 Jack Stand	<input type="radio"/>	<input type="radio"/>
7.11 Toe Boards	<input type="radio"/>	<input type="radio"/>
7.12 Handrail / Midrail	<input type="radio"/>	<input type="radio"/>
7.13 Machine Guarding	<input type="radio"/>	<input type="radio"/>
7.14 Fall Protection	<input type="radio"/>	<input type="radio"/>
7.15 Proper Supports / Bracing	<input type="radio"/>	<input type="radio"/>
7.16 Overhead Lift / Crane	<input type="radio"/>	<input type="radio"/>
8.0 Human Performance	Safe	At Risk
8.01 Procedure Does Not Exist	<input type="radio"/>	<input type="radio"/>
8.02 Procedure Inadequate	<input type="radio"/>	<input type="radio"/>
8.03 Training Inadequate	<input type="radio"/>	<input type="radio"/>
8.04 Failure to Follow Plant Signage /Policy	<input type="radio"/>	<input type="radio"/>

1 2 3 4 5 6

Continue on back →



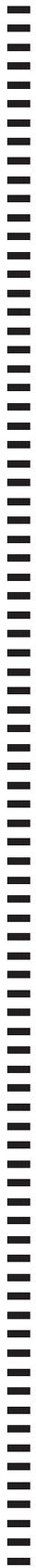


# Customizable Form Back

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments	Item No: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/> <hr/> <hr/>			

Comments	Item No: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/> <hr/> <hr/>			





# Customizable Form Back—General Safety Overprint

Mark <b>Safe, At Risk or NA</b>	<b>SAFE</b>	<b>AT RISK</b>	<b>NA</b>
<b>Job Planning</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Stacked Jobs / Congestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Safe Work Permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Fire Watch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Use of Tools and Equipment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Safety Device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Gas Cylinder Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Correct Tool Usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Electrical Grounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Tool in Good Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Chemical Containment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Guards in Place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Comments</b>	Item No: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30
<input type="radio"/> Near Miss <input type="radio"/> Medical <input type="radio"/> Work Order <input type="radio"/>	
<hr/> <hr/> <hr/>	

<b>Comments</b>	Item No: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30
<input type="radio"/> Near Miss <input type="radio"/> Medical <input type="radio"/> Work Order <input type="radio"/>	
<hr/> <hr/> <hr/>	



# Customizable Form Front—Perception Overprint



"No business objective is so important that it will be pursued at the sacrifice of safety."

At Enercon, we believe our people are our greatest asset. What you think of Enercon and its management is extremely important to us. Please take a moment to complete the survey so that we can better identify and improve deficiencies in our health and safety management, processes, and procedures.

Company Name: \_\_\_\_\_

Craft:

- |                                   |                                   |  |                                   |
|-----------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="radio"/> Admin.      | <input type="radio"/> Electrician | <input type="radio"/> Manager/Supervisor | <input type="radio"/> Painter     |
| <input type="radio"/> Boilermaker | <input type="radio"/> Ironworker  | <input type="radio"/> Masonry            | <input type="radio"/> Pipe Fitter |
| <input type="radio"/> Carpenter   | <input type="radio"/> Laborer     | <input type="radio"/> Operator           | <input type="radio"/> Teamster    |

**INSTRUCTIONS**

Use No. 2 pencil or black pen and fill ovals completely.

**INCORRECT MARKS**

**CORRECT MARK**

**DATE**

MONTH	YEAR
<input type="radio"/> Jan	<input type="radio"/> 2019
<input type="radio"/> Feb	
<input type="radio"/> Mar	<input type="radio"/> 2020
<input type="radio"/> Apr	
<input type="radio"/> May	<input type="radio"/> 2021
<input type="radio"/> June	
<input type="radio"/> July	
<input type="radio"/> Aug	
<input type="radio"/> Sept	
<input type="radio"/> Oct	
<input type="radio"/> Nov	
<input type="radio"/> Dec	

Scantron OpScan INSIGHT™ M-302665-1:654321 SF01

Upper management of this company...	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. Reacts quickly to solve the problem when told about safety hazards.	<input type="radio"/>				
2. Insists on thorough and regular safety audits and inspections.	<input type="radio"/>				
3. Tries to continually improve safety levels in each department.	<input type="radio"/>				
4. Provides all equipment needed to do the job safely.	<input type="radio"/>				
5. Is strict about working safely when work falls behind schedule.	<input type="radio"/>				
6. Quickly corrects any safety hazard (even if it's costly).	<input type="radio"/>				
7. Provides detailed safety reports to workers (Top 3 Safety Concerns, corrective actions from incidents).	<input type="radio"/>				
8. Invests a lot of time and money in safety training for workers.	<input type="radio"/>				
9. Uses any available information to improve Enercon's safety culture.	<input type="radio"/>				
10. Listens carefully to workers' ideas about improving safety.	<input type="radio"/>				
11. Considers safety when setting production speed and schedules.	<input type="radio"/>				
12. Provides workers with information on safety issues.	<input type="radio"/>				
13. Regularly holds safety-awareness events (e.g., presentations, ceremonies).	<input type="radio"/>				
14. Gives safety personnel the power they need to do their job.	<input type="radio"/>				
15. Believes that "No business objective is so important that it will be pursued at the sacrifice of safety."	<input type="radio"/>				

My direct supervisor...	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. Makes sure we receive all the tools/equipment needed to do the job safely.	<input type="radio"/>				
2. Frequently checks to see if we are working safe.	<input type="radio"/>				
3. Discusses how to improve safety with us.	<input type="radio"/>				
4. Uses explanations (not just compliance) to get us to act safely.	<input type="radio"/>				
5. Emphasizes safety procedures when we are working under pressure.	<input type="radio"/>				
6. Frequently tells us about the hazards in our work.	<input type="radio"/>				
7. Refuses to ignore safety rules when work falls behind schedule.	<input type="radio"/>				
8. Is strict about working safely when we are tired or stressed.	<input type="radio"/>				
9. Makes sure we follow all the safety rules (not just the most important ones).	<input type="radio"/>				
10. Insists that we obey safety rules when fixing equipment or machines.	<input type="radio"/>				
11. Says a "good word" to workers who pay special attention to safety.	<input type="radio"/>				
12. Is strict about safety at the end of the shift, when we want to go home.	<input type="radio"/>				
13. Spends time helping us learn to see problems before they arise.	<input type="radio"/>				
14. Frequently talks about safety issues throughout the workweek.	<input type="radio"/>				
15. Believes that "No business objective is so important that it will be pursued at the sacrifice of safety."	<input type="radio"/>				

**COMMENTS:**

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**SERIAL NO.**

**CAMPAIGN NO.**



# Observation Form Back

Observation			
CBI CATEGORY			
1.0	BODY USE	SAFE	AT-RISK
1.1	Ascending/Descending	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Assistance	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Body Mechanics/Ergonomics	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Eyes on Path	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Eyes on Task	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Line of Fire	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Pinch Points	<input type="checkbox"/>	<input type="checkbox"/>
2.0	WORKING CONDITIONS	SAFE	AT-RISK
2.1	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Lighting/Visibility	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Walking/Working Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
3.0	PPE	SAFE	AT-RISK
3.1	Body Protection	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Eyes/Face Protection	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Hand Protection	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Head Protection	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>
3.9	H <sub>2</sub> S Monitor	<input type="checkbox"/>	<input type="checkbox"/>
4.0	PROCEDURE	SAFE	AT-RISK
4.1	Communications	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Permits	<input type="checkbox"/>	<input type="checkbox"/>
5.0	TOOLS/EQUIPMENT/VEHICLES	SAFE	AT-RISK
5.1	Selection/Use	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Condition	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Barricades	<input type="checkbox"/>	<input type="checkbox"/>
6.0	OTHER BEHAVIORS	SAFE	AT-RISK
6.1	Other	<input type="checkbox"/>	<input type="checkbox"/>

FOLD

CBI#	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

While doing (describe task)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The employee was (describe behavior)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Because (Why was at-risk being done?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Aware?  Agree?  Control?

Commitment to try?  Easy  Difficult  Impossible

Suggestions for improvement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_