



INSURING STABILITY
FOR STAFFING FIRMS

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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SAFETY OBSERVATION ACTIONS TAKEN

DESCRIPTION OF SAFETY OBSERVATION:

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

NAME: _____ **DATE:** _____

DEPT./LOCATION: _____



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