



PLANNED TASK OBSERVATION

DATE: _____ NAME: _____
DEPARTMENT: _____ OCCUPATION: _____
JOB OBSERVED: _____

Time on this job	Notification	Yes		No	
		Yes	No	Yes	No
Years	Told in advance				
	Not told				

Is there a written standard procedure for this job? Yes ☐ No ☐
Did you get understanding & acceptance from the worker on doing this work? Yes ☐ No ☐

Could acts / conditions observed lead to

☐ Reduced productivity
☐ Damage
☐ Injury

Loss potential

☐ Major
☐ Minor

1 Are company Health & Safety rules complied with? Yes ☐ No ☐
2 Is standard procedure for the job followed? Yes ☐ No ☐
3 Is correct personal protective clothing used? Yes ☐ No ☐
4 Is person physically fit for the job? Yes ☐ No ☐
5 Environmental conditions (is there gas, smoke, heat, etc)? Yes ☐ No ☐

Remarks

Suggested Remedies.

Start procedure on this job. _____
Revise present procedure. _____
Different equipment - tools. _____
Engineering revision. _____
Retraining. _____
Additional - better personal protection. _____
Placement of worker. _____

Signature: Foreman: _____
Superintendent: _____
Manager/Engineer: _____

Observation conducted by: _____ Date: _____
Reviewed with employee: _____ Date: _____
Employee's signature: _____ Date: _____
Reviewed by: Supt/Eng/Manager: _____ Date: _____