

Job Safety Observation

Sanitation, Recycling, & Bulk Pick Up Report

Observer: _____ Crew Observed: _____

Task Observed: _____ Date: ____/____/201__ Time: ____ : ____ A P

Location of Observation: _____ Pictures Taken? Y N

Yes	No	Safe Actions	Yes	No	Safe Actions
<input type="checkbox"/>	<input type="checkbox"/>	Back up beepers & lights are operating	<input type="checkbox"/>	<input type="checkbox"/>	Collectors appear alert & aware of surroundings
<input type="checkbox"/>	<input type="checkbox"/>	Driver maintains visual contact with collectors	<input type="checkbox"/>	<input type="checkbox"/>	Collectors & drivers are wearing Hi-Vis & reflective clothing, proper footwear, eye protection & gloves
<input type="checkbox"/>	<input type="checkbox"/>	Driver signals collectors before backing vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Collectors stand away from the truck & remain visible to the driver whenever the truck is backing
<input type="checkbox"/>	<input type="checkbox"/>	Driver does not back up the truck if anyone is standing on the riding step	<input type="checkbox"/>	<input type="checkbox"/>	Collectors stand <u>beside</u> the truck never to the rear while it is compacting
<input type="checkbox"/>	<input type="checkbox"/>	Driver does not exceed 10 mph if workers are riding on the step	<input type="checkbox"/>	<input type="checkbox"/>	Collectors use 3-point method while climbing on or off the step and only when truck is stopped?
<input type="checkbox"/>	<input type="checkbox"/>	Truck is traversing only on the right side of the street on 2 way streets	<input type="checkbox"/>	<input type="checkbox"/>	Collectors use proper lifting techniques and team lift heavy items
<input type="checkbox"/>	<input type="checkbox"/>	Driver uses a co-worker as a spotter when backing the truck	<input type="checkbox"/>	<input type="checkbox"/>	Collectors are off of the step when truck is traveling more than one block or turning corners

Discuss answers from above in the narrative comment boxes below

Expanded Narrative - Describe activities below

Note: everything ok or N/A is not an observation it's a statement!

Describe the work being done: Use 1-3 sentences

Presence of Safety: What activities to be complimented? (example" yes items from above)

Absence of Safety: What could be changed to improve worker safety? (**No** items above)

Follow up action: (What changes were made?) TBT or Video used