

Work Observation Form – Field Work

Date:	Location:	
Employee(s) and/or Crew Being Observed:	Job Description:	
	Work Order # (if applicable):	
Instructions:		
1. Check boxes that apply to the work being completed. 2. If an item applies, but is not being done, note opportunities for improvements in the comments box. 3. Please use this observation as an opportunity to discuss safety, environment and security aspects associated with the employee's work. 4. Obtain the signature of the employee's Supervisor or send a copy of the completed work observation form to the Supervisor if a signature cannot be obtained.		
General/Job Planning:	<input type="checkbox"/> Documented Hazard, Aspect and Risk Assessment (HARA) completed and signed by everyone on jobsite.	<input type="checkbox"/> Orientations Received (check for contractor orientation, site orientation, general orientation, etc.)
<input type="checkbox"/> Housekeeping Requirements were Reviewed and Work Areas are Clean	<input type="checkbox"/> Approvals are On Site (check for environmental permit, hot work permit, confined space permit, stand-off permit, over length permit, etc.)	<input type="checkbox"/> Site Emergency Response Plan was Reviewed (check for an understanding of directions, muster location and emergency phone number)
<input type="checkbox"/> Job Emergency Response Plan was Reviewed (i.e. SF6, spill response)	<input type="checkbox"/> Ergonomic Issues and Controls were Discussed and Implemented	<input type="checkbox"/> Warn Public of Work Area (check for signage, barricades, pedestrian control, etc.)
<input type="checkbox"/> Job Changes were Discussed	<input type="checkbox"/> Communicated Written Job Plan is On Site	<input type="checkbox"/> Drawings/Maps were Reviewed and are Available
<input type="checkbox"/> Applicable Policy/Standard/Procedures Reviewed	<input type="checkbox"/> Qualified People are Performing the Task(s)	<input type="checkbox"/> Working Alone Standard was Reviewed
<input type="checkbox"/> Other		
Comments:		
Personal Protective Equipment (PPE):	<input type="checkbox"/> Hard Hat, Eye Protection and Appropriate Footwear (i.e. oil resistant, electric shock resistant, acid resistant, etc.) are Worn	<input type="checkbox"/> Appropriate Clothing is Worn (i.e. Natural Fibre Flame Resistant (FR), chemical suits, high visibility, confined space specific, chain saw pants)
<input type="checkbox"/> Hearing Protection is Used	<input type="checkbox"/> Face Shields are Used	<input type="checkbox"/> Pesticide Mask/Smock/Arm Protection is Worn
<input type="checkbox"/> Air Monitors are Used (check for up-to-date calibration and proper gas monitor)	<input type="checkbox"/> Respiratory Protection is Used (check filter expiry dates and fit test dates)	<input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA) or Supplied Air is Used (check for up-to-date training)
<input type="checkbox"/> Appropriate Work Gloves are worn (check for correct type of glove and expiry dates)	<input type="checkbox"/> Other	
Comments:		
Standard Protection Code:	<input type="checkbox"/> Permit Holder is Identified	<input type="checkbox"/> Appropriate Type of Permit is Obtained
<input type="checkbox"/> Switching Plans were Reviewed	<input type="checkbox"/> Permit Holder Walked Down/Discussed the Permit with the Operator and/or Crews	<input type="checkbox"/> Other
Comments:		
Mechanical/Electrical Work:	<input type="checkbox"/> Communication Process/Plan Reviewed and Understood	<input type="checkbox"/> Limits of Approach are Maintained
<input type="checkbox"/> Appropriate Cover Up in Place	<input type="checkbox"/> Appropriate Grounding/Bonding in Place	<input type="checkbox"/> Top Control on Bucket Near Electrical Conductors
<input type="checkbox"/> Outriggers (Pads) are in Place	<input type="checkbox"/> Observers are Used	<input type="checkbox"/> Vehicle(s) are Grounded
<input type="checkbox"/> Lifting Beams are Marked with Load Ratings	<input type="checkbox"/> Other	
Comments:		
Tools, Vehicles, Equipment and Traffic:	<input type="checkbox"/> Tools are in Acceptable Condition	<input type="checkbox"/> Correct Tools are used for the Job
<input type="checkbox"/> Tools have been Tested/Inspected before Use (i.e. slings, hooks, lugs, comealongs)	<input type="checkbox"/> Insulated Tools are Calibrated/Maintained (check test dates)	<input type="checkbox"/> Unit Lifting Capacity/Load Rating not Exceeded (check that load ratings are visible)
<input type="checkbox"/> Check for training for Powered Mobile Equipment	<input type="checkbox"/> Clear Below Workers/Suspended Loads	<input type="checkbox"/> Tag Lines are placed on Rotating Loads
<input type="checkbox"/> Using a Signaler (Obstructed View of Crane Operation)	<input type="checkbox"/> Weight of Load has been Determined & Loads are Secure	<input type="checkbox"/> Equipment Safeguards are Used (check for auto shut-off, guards)
<input type="checkbox"/> Fire Extinguisher/First Aid Kit/Survival Kit/Spill Kit in vehicles (check expiry and completeness of kits)	<input type="checkbox"/> Pre-Trip Inspection was Completed (circle check)	<input type="checkbox"/> Weather related Hazards were Reviewed
<input type="checkbox"/> Brakes are Applied While Using Winch	<input type="checkbox"/> Powered Mobile Equipment Inspected Pre-Use	<input type="checkbox"/> Observer Used when Backing Up
<input type="checkbox"/> Vehicle Operator Log Book is Up-To-Date	<input type="checkbox"/> Operator Manual in Vehicle	<input type="checkbox"/> Beacons/4-Way Flashers are Used
<input type="checkbox"/> Appropriate Barricades are in Place (chains, pylons, caution/danger tape)	<input type="checkbox"/> Flag Person is Trained in Flagging and Wearing Class III High Visibility Clothing	<input type="checkbox"/> Proper Signage in Place
<input type="checkbox"/> Traffic Plan Reference Onsite	<input type="checkbox"/> Other	
Comments:		

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Working from Heights/Ladders:		
<input type="checkbox"/> Safety Chains and Handrails are Present and Used	<input type="checkbox"/> Ladder is in Good Condition with Non-Slip Feet	
<input type="checkbox"/> Scaffolds Inspected Pre-Use (check inspection tag and kick plates)	<input type="checkbox"/> Anchor Point Used when Working from Elevated Platforms/Roofs	<input type="checkbox"/> Ladder is Placed at an Angle of 1 Horizontal: 4 Vertical and is 1 Meter Above Platform or Roof
<input type="checkbox"/> Fall Arrest Inspection & Use (check for up-to-date training and harness inspection dates)	<input type="checkbox"/> Safe Lifting Load Limits are not Exceeded (Aerial Device)	<input type="checkbox"/> 3 Point Stance is Maintained on the Ladder
<input type="checkbox"/> Sky Genie/Descent Device is Available	<input type="checkbox"/> Braking/Holding Device in Place (Aerial Device)	<input type="checkbox"/> Ladder is Non-Conductive (Electrical)
<input type="checkbox"/> Pole Testing is Completed	<input type="checkbox"/> Other	
Comments:		
Ground Disturbance:		
<input type="checkbox"/> Line Locates have been Obtained (check expiry)	<input type="checkbox"/> Hydrovac or Hand Exposed Underground Utilities	
<input type="checkbox"/> Exposed Underground Pipeline/Cables/Conduit are Supported	<input type="checkbox"/> Appropriate Clearance of Equipment From Openings is Maintained	<input type="checkbox"/> Appropriate sloping/shoring ratio is used for the applicable soil type
<input type="checkbox"/> Observer for Backhoe is Used	<input type="checkbox"/> Openings are Barricaded	<input type="checkbox"/> Spoil Pile Proximity > 1 m from Excavation
<input type="checkbox"/> Protection from Cave-Ins in Place	<input type="checkbox"/> Other	
Comments:		
Confined Space Entries:		
<input type="checkbox"/> Communication Plan Reviewed	<input type="checkbox"/> Test for Hazardous Atmosphere Completed	
<input type="checkbox"/> Observer in Place	<input type="checkbox"/> Fresh Air Venting in Place	<input type="checkbox"/> Entry/Exit Plan Prepared
<input type="checkbox"/> Confirmed Adequate Space for Safe Passage of Worker with PPE	<input type="checkbox"/> Approved Rescue Equipment Available	<input type="checkbox"/> Confined Space Rescue Procedure is Developed and Reviewed (check for confined space training)
<input type="checkbox"/> Rescue Harness in Place	<input type="checkbox"/> Other	
Comments:		
Vegetation Control:		
<input type="checkbox"/> Fall Area was Defined and is Clear	<input type="checkbox"/> Chain Brake Test Completed	
<input type="checkbox"/> Chipper Emergency Stop Test Completed	<input type="checkbox"/> Chain Saw is Shut Off While Walking	<input type="checkbox"/> Chain Saw Operated Below Shoulder Level
<input type="checkbox"/> Check for Up-To-Date Chainsaw Training	<input type="checkbox"/> Work Completed in Accordance with the Vegetation Management Policy (consider noxious weeds, Dutch Elm Disease, pesticide/herbicide application license verified, etc.)	
<input type="checkbox"/> Using Registered/Approved Pesticides	<input type="checkbox"/> Other	
Comments:		
Chemicals:		
<input type="checkbox"/> Chemical/Crop Spray Procedures Reviewed	<input type="checkbox"/> Material Safety Data Sheets (MSDS) Reviewed	
<input type="checkbox"/> Materials Stored Appropriately (check for chemical compatibility)	<input type="checkbox"/> Emergency Shower/Eye Wash Location Reviewed	<input type="checkbox"/> Other
Comments:		
Security:		
<input type="checkbox"/> Gates/doors are closed and locked	<input type="checkbox"/> Fencing is in Good Condition	
<input type="checkbox"/> Passwords are Used in Accordance with the Password Standard	<input type="checkbox"/> Proper Signage for Secure/Restricted Areas or Hazardous Areas is in Place	<input type="checkbox"/> Site and Equipment (vehicles, etc.) are Secured When Unattended
<input type="checkbox"/> All Materials are Properly Stored and Secured	<input type="checkbox"/> Working in accordance with Code of Conduct	<input type="checkbox"/> Other
Comments:		
Environment:		
<input type="checkbox"/> Spill/Secondary Containment is in Place	<input type="checkbox"/> PCB Oil Risks were Addressed	
<input type="checkbox"/> Transportation of Dangerous Goods (check for up-to-date training)	<input type="checkbox"/> Environmental Best Management Practices and Operational Controls applicable to the work were Reviewed	<input type="checkbox"/> Appropriate Spill Kit Onsite and Employees are Aware of its Location (check for completeness of kit)
<input type="checkbox"/> Waste Disposal Plan	<input type="checkbox"/> Other	
Comments:		
Other Comments/Follow Up:		
<p>Note: Opportunities for improvements should be discussed and monitored at tailboards and safety/environment talks. Serious issues should be communicated to the Environmental Specialist or Safety Coordinator/Safety Management System Specialist for tracking as corrective actions.</p>		
Comfort Level:	<input type="checkbox"/> Comfortable <input type="checkbox"/> UnComfortable	Was Observation Discussed with all Workers Observed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Printed Name of Worker:	Signature of Worker:	Date of Signature:
Printed Name of Person Performing Observation:	Signature:	Job Title
		Date of Signature or Date Sent to Supervisor: