

## Work Observation Form – Office Work

Date:	Name of Observer:	Location:	
Employee(s) Being Observed:		Job Description:	
		WO # (if applicable):	
Please use this observation as an opportunity to discuss safety, environment and security aspects associated with the employee's work.			
<b>Job Risk Assessment:</b>			
Has a Hazard and Risk Assessment been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the Hazard and Risk Assessment include Safety, Environment and Security considerations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are barriers in place to manage the identified safety hazards, environmental aspects and security threats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
<b>General Workplace Safety:</b>			
Is the employee aware of their safety contact(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the employee able to find safety information including policies, standards and procedures on SafetyNet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the workspace clean and tidy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there any tripping hazards in the vicinity of the workspace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are file cabinets bottom loaded and closed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are aisles and walkways free of obstructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the employee handle chemicals as part of their work? If so, Is the employee aware of the location of MSDS information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the employee use proper lifting techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
<b>Personal Protective Equipment (PPE):</b>			
Is Personal Protective Equipment Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has correct PPE been identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was the PPE available and being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
<b>Ergonomics:</b>			
Has the employee had an ergonomic assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there any new or outstanding issues related to ergonomics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
<b>Emergency Response:</b>			
Is the employee aware of their Emergency Response Plan for responding to and managing emergencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has the employee been involved in a drill which tests the effectiveness of the emergency response plan (includes fire drills)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the employee aware of their gathering point in case of an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Comment on any other safety concerns:			

Environmental Considerations:			
Are appropriate materials being recycled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the employee make an effort to reduce paper/material consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there adequate recycling facilities/bins?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the employee's Environmental Training up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the employee had a question which related to the environment, do they know who to contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comment on any other environmental concerns:			
Security Considerations:			
Is the employee aware of <a href="#">SaskPower's Information Handling Standard</a> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the employee aware of <a href="#">SaskPower's Privacy Standard</a> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the employee use a screen saver/password protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has the employee identified any potential security concerns related to security of their facility (i.e. overgrown vegetation at facility entry, entry doors not properly secured, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comment on any other security concerns:			
<input type="checkbox"/> Complete if Traveling or <input type="checkbox"/> N/A			
Was a pre-trip inspection completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If working alone, was the <a href="#">Working Alone Standard</a> reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the employee have an effective communication device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there a Road Safety Kit in the vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the employee operate the vehicle safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the employee obey the rules of the road?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Other General Comments:			
Opportunities for improvement 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.			
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	
Name of Worker:	Signature of Worker:	Date of Signature:	
Printed Name of Person Performing Observation	Signature of Person Performing Observation	Job title and Date	