

# Safety Observation Hazard Identification Questionnaire

The **safety observation hazard identification questionnaire** is a crucial tool designed to systematically identify potential risks and hazards in the workplace. It enables organizations to proactively address safety concerns, preventing accidents and ensuring a safer environment for all employees. Regular use of this questionnaire promotes a culture of safety awareness and continuous improvement.

## Observer Information

<b>Name</b>	Observer's Name	<b>Date</b>	YYYY-MM-DD
<b>Department/Location</b>	Department or Specific Location		

## Observation Details

<b>Area/Process Observed</b>	Describe Area or Process
<b>What activity was being performed?</b>	Describe the activity
<b>Was the procedure being followed?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

## Hazard Identification Checklist

Hazard Type	Present?	Description/Details
Physical (slips, trips, falls, moving machinery, etc.)	<input type="checkbox"/>	
Chemical (exposure to harmful substances, fumes, etc.)	<input type="checkbox"/>	
Biological (viruses, bacteria, mold, etc.)	<input type="checkbox"/>	
Ergonomic (manual handling, repetitive motions, poor posture)	<input type="checkbox"/>	
Environmental (noise, heat, cold, lighting, etc.)	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

## At-Risk Behaviors and Conditions

<b>Description of Unsafe Act/Condition</b>	Describe any at-risk behaviors or unsafe conditions observed.
<b>Recommendations/Corrective Actions</b>	Suggest actions to eliminate or control hazards.

## Follow-Up Required?

Is further action or monitoring necessary?	<input type="radio"/> Yes <input type="radio"/> No
If Yes, describe:	Detail required action/follow-up

*Thank you for helping to make our workplace safer!*