

JOB OBSERVATION CARD	
SM / Contractor:	Area:
Date:	Time: Duration:
(mins)	
Task:	
No. Spoken to:	No. Observed:
Observer name:	
Badge ID: Company:	
1 - Behaviour Code – Body Position / Ergonomics	
Observation Category	Saf e Ris k
Line of fire	<input type="checkbox"/> <input type="checkbox"/>
Eyes on Path	<input type="checkbox"/> <input type="checkbox"/>
Pinch Points	<input type="checkbox"/> <input type="checkbox"/>
Eyes on Task / hands	<input type="checkbox"/> <input type="checkbox"/>
Walking/climbing/descending/Ascending	<input type="checkbox"/> <input type="checkbox"/>
Handling aids/assistance used	<input type="checkbox"/> <input type="checkbox"/>
Loads within personal limits	<input type="checkbox"/> <input type="checkbox"/>
Awkward / Cramped	<input type="checkbox"/> <input type="checkbox"/>
Posture / Stance	<input type="checkbox"/> <input type="checkbox"/>
Repetitive movements or work	<input type="checkbox"/> <input type="checkbox"/>
Twisting/bending movements	<input type="checkbox"/> <input type="checkbox"/>
Clear of crush/nip points and impacts	<input type="checkbox"/> <input type="checkbox"/>
Distracted/haste/shortcuts	<input type="checkbox"/> <input type="checkbox"/>
2 - Behaviour Code - Personal Protective Equipment	
Observation Category	Saf e Ris k
Fit for purpose	<input type="checkbox"/> <input type="checkbox"/>
Fit to body	<input type="checkbox"/> <input type="checkbox"/>
Used as designed	<input type="checkbox"/> <input type="checkbox"/>
Maintained in good condition	<input type="checkbox"/> <input type="checkbox"/>
Stored away from damage	<input type="checkbox"/> <input type="checkbox"/>
3 - Behaviour Code – Working at heights / Fall Protection	
Observation Category	Saf e Ris k
Ladder selection and position	<input type="checkbox"/> <input type="checkbox"/>
3-points contact maintained	<input type="checkbox"/> <input type="checkbox"/>
Body within guardrails/centred on ladder	<input type="checkbox"/> <input type="checkbox"/>
Protection harness	<input type="checkbox"/> <input type="checkbox"/>
Suitable anchor point	<input type="checkbox"/> <input type="checkbox"/>
Fall arrest equipment set up	<input type="checkbox"/> <input type="checkbox"/>
Falling object prevention/protection	<input type="checkbox"/> <input type="checkbox"/>
4 - Behaviour Code - Plant, Tools, Equipment,	

Vehicles		
Observation Category	Saf e	Ris k
Fit for purpose	<input type="checkbox"/>	<input type="checkbox"/>
Used as designed	<input type="checkbox"/>	<input type="checkbox"/>
Controlled operation	<input type="checkbox"/>	<input type="checkbox"/>
Operation to conditions/rules	<input type="checkbox"/>	<input type="checkbox"/>
Guards/handles in use	<input type="checkbox"/>	<input type="checkbox"/>
Inspections completed	<input type="checkbox"/>	<input type="checkbox"/>
Storage/parking	<input type="checkbox"/>	<input type="checkbox"/>
Signals/alarms used	<input type="checkbox"/>	<input type="checkbox"/>
Screening/containment in place	<input type="checkbox"/>	<input type="checkbox"/>
Loads within equipment limits	<input type="checkbox"/>	<input type="checkbox"/>
5 - Behaviour Code - Electrical		
Observation Category	Saf e	Ris k
Inspected/tagged	<input type="checkbox"/>	<input type="checkbox"/>
Electrical equipment condition	<input type="checkbox"/>	<input type="checkbox"/>
High voltage permit	<input type="checkbox"/>	<input type="checkbox"/>
Source of electrical energy isolated	<input type="checkbox"/>	<input type="checkbox"/>
Lock isolation battery for mobile equipment	<input type="checkbox"/>	<input type="checkbox"/>

6 - Behaviour Code - Working Environment		
Observation Category	Saf e	Ris k
Waste/scrap disposal and recycling	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene practices	<input type="checkbox"/>	<input type="checkbox"/>
Storage and stacking	<input type="checkbox"/>	<input type="checkbox"/>
Spills/leaks controlled	<input type="checkbox"/>	<input type="checkbox"/>
Access/exit	<input type="checkbox"/>	<input type="checkbox"/>
Work area layout	<input type="checkbox"/>	<input type="checkbox"/>
7 - Behaviour Code - Work Practices / Procedures		
Observation Category	Saf e	Ris k
Access controlled	<input type="checkbox"/>	<input type="checkbox"/>
Permit and controls in place - CTW	<input type="checkbox"/>	<input type="checkbox"/>
Communications clear	<input type="checkbox"/>	<input type="checkbox"/>
Energy sources isolated – Lock out	<input type="checkbox"/>	<input type="checkbox"/>
Risk assessment of task completed	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance handling/storage	<input type="checkbox"/>	<input type="checkbox"/>
C Confined space entry	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work permit	<input type="checkbox"/>	<input type="checkbox"/>
Procedures JSA – Take 5	<input type="checkbox"/>	<input type="checkbox"/>
Communication of hazard	<input type="checkbox"/>	<input type="checkbox"/>

Barriers/obstacles causing at risk behaviour

A	Not available	J	Poor training
B	Poor condition	K	Lack of motivation
C	Disagree with risk	L	Lack of experience
D	Not concentrating	M	Fatigue
E	Instruction given	N	Unaware of hazard or risk
F	No supervision	O	Team leader pressure
G	Condition of equipment	P	Don't want to
H	Procedure	Q	Not comfortable
I	Time pressure	R	Other

Parts of body exposed to injury from at risk behaviour

Head	Eye s	Face	Shoul der	Chest	Arm s	Hand s
A	B	C	D	E	F	G
Fing ers	Bac k	Leg s	Feet	Heari ng	Lun gs	All
H	I	J	K	L	M	N

Severity Key (Input for each at-risk behaviour)

Safe Behaviour	0.0
Minor - First aid treatment	0.3
Medium - Medical treatment	1.0
Serious / Major - Lost time injury / Fatality	3.0

Complete for at risk behaviours observed

Insert the behaviour, barrier/obstacle, part of body exposed to the risk and the maximum reasonable outcome (severity) for each of the at-risk behaviours observed in the table below

Behaviour code	Barrier/Obstacle Code	Part of Body Code	Severity

Record any actions and comments below

Feedback positif
