

DATE OF OBSERVATION: _____

NAME OF OBSERVER: _____

DEPT. AND SECTION: _____

NAME OF PERSON OBSERVED: _____

TASK OBSERVED: _____

REASON FOR OBSERVATION: **COMPLIANCE to PROCEDURE**

Is there a Task Procedure available?	YES	NO
Has the worker been told in advance?	YES	NO
Did he/she comply with the procedure?	YES	NO
Is the procedure correct for the task as it is normally performed?	YES	NO
Were there any improved methods observed?	YES	NO
Did you review this observation with the person (feedback)?	YES	NO
<u>FOLLOW-UP</u>	YES	NO
Did you follow up on this observation?	YES	NO
Was there an improvement in the way the task is performed?	YES	NO

If the employee did not comply with the procedure, what were the results and what action is suggested?

Action	Who	When	Complete

Suggested changes to procedure (if any) or remarks. (Please state whether changes in training, tools or equipment is required. Please communicates to relevant persons.):

Work was done as per SOP (risk assessment). The task was done correctly and he/she was always aware of the surroundings and in control.

OBSERVER

PERSON OBSERVED

SECTION HEAD