



BEHAVIOR BASED SAFETY OBSERVATION FORM

Your concerns for safety and suggestions on how to improve our safety program are important. Use this form to submit either safety improvement input and/or a BBS Safety Observation. Your name is optional and the name of the person being observed is not to be used. This information will be used to continually improve our safety system and conditions.

Improvement Input												
BBS Observation			Unsafe Act			Unsafe Condition			Recognition		Environment	
Employee/Observer Input:												
Employee's Action Taken of Recommendation:												
Supervisor or Management Action Taken:												
Safety Observation Critical Factors (S=Safe, C=Concern)												
PPE/Procedures/Methods			Body Position/Mechanics			Slips/Trips			Equipment/Work Environment			
S	C		S	C		S	C		S	C		
		Eye and Head			Proper Position			Proper Footwear			MSDS (if needed)	
		Hand and Body			Ask for Help			Aware of Hazards			Lockout/Tagout	
		Footwear			Use Dolly			Prompt Clean-up			Tools are Safe	
		Trained on Task			Smaller Loads			Tripping Hazards			Adjacent Work	
		Work Permit/JSA			Don't Twist Body			Not Rushing			Signage (if needed)	
		All Trained in BBS			Get Close to Item			Step Conditions			Spill Control	
Observer's Feedback Given to Other Employee:												
Location:				Observer's Name:				Date:				

Promptly give this form to your Supervisor who will review it and who must forward it to the HSSE Manager for Action.