COMMUNITY COUNCIL

Safety Observation Form – Competency Evaluation Record

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| Worker or Subcontractor’s name: |
| Location of work: |
| Supervisor: |
| Observer: | Date: |
| Description | Yes | No | Not Observed | Comments |
| In Good Standing with Workers Compensation? |  |  |  |  |
| Wears required personal protective equipment (PPE)? |  |  |  |  |
| Follows safe work practices, procedures and policies? |  |  |  |  |
| Ask questions when does not know how to do a task safely? |  |  |  |  |
| Practices good housekeeping? |  |  |  |  |
| Demonstrates a safe attitude every day |  |  |  |  |

General Comments and Observations:

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