S C A N T R O N.



SafetyCapture[®]

Automated Data Capture Solution

Sample Forms

Section 1: SafetyCapture onDemand Sample Forms

Basic Safety Form, Single-Sided

	ERVER umber					DATE Mon	ith Day	Year
First	Name					SITE /	LOCATION (Mark	only one
Щ						_	Tampa 🔲 Dallas	Atlanta Phoenix
Last	Name						_	San Die
							Minneapolis	New Yor
	ERVATION TYP Mark only one)	PE SHIFT (Mark only		OBSERVE DEPARTM	ENT		ORKGROUP OBS	ERVED
	Individual Group	Day:		(Mark only Staff	one)	Staff Maintenar		maker enter
	NUMBER	Swir	ng	Craft Visitor		Warehous Operator	se Electr Labor	
(OBSERVED			Subcont	tractor	Machinist		
				Other				
1.0	Personal Protec	ctive Equipment	(Mark	only one) At-Risk	3.0 Workp	lace Conditions	(Mark or SAFE	nly one) At-Ris
	1.1 Eye / Fac	e Protection			3.1	Lighting		
	1.2 Hands Pro1.3 Head Pro				3.2	Surface Hot Surface		
2.0	Body Use and	Position			4.0 Transp	oortation		
	2.1 Walking2.2 Climbing				4.1 4.2	Cell Phone Use Lights		
	2.3 Lifting				4.3	Backup Alarm		
	COI	MMENTS (clip)				COMMENTS (K	FI)	
CA	TEGORY ID				CATEGOR	Υ		
	,]		
	」• └──				•	J		

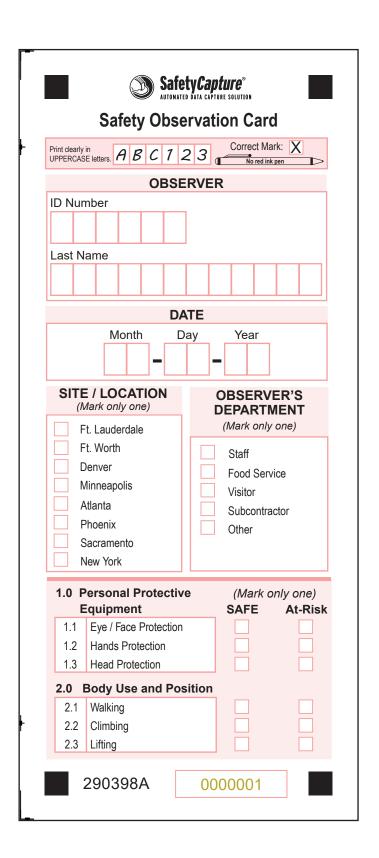
Behavior-Based Safety Obervation Card Front

PLEASE COMPLETE ALL (22) AREAS - POR FAVOR COM	A DE OBSERVACION MPLETE TODAS LAS (22) AREAS YOUR NAME) / NOMBRE DEL OBSERVADOR: Last Name
	OBSERVED / LAS SIGUENTES CAJAS SE TRATAN DE LA EMPLEADO OBSERVADA F SERVICE / ANOS DE SERVICIO: 5) SHIFT/TURNO: 1ST
3) DEPT: 4) YEARS OI	F SERVICE / ANOS DE SERVICIO: 5) SHIFT/TURNO: 1ST
Years and/	or months YY . M M 2ND 3RD WEEKEND
6) TASK PERFORMED / TRABAJO REALIZADO:	
Thirtial Actions/Accion Initial Eyes on task / La vista fija en la tarea Not rushing / No apurar Balance, traction, grip / Balance, traccion, agarre Mind on task / Concentrado en la tarea 8) LINE OF FIRE / LINEA DE TIRO Body position (falling, pinch points) / Posicion del cuerpo (cayendose, puntos de pellizcos) PPE (adequate, worn properly) / EPP (adecuado, puesto adequademente) Screens, guards, rails (adequate, in place) / Mallas, guardias, agarraderas (en su lugar, adecuado) Lockout tagout used correctly / Uso correcto de bloqueo etiquetado Employee safe distance from another's knife or scissors / Distancia segura de otros usando cuchillos o tijeras 9) BODY MECHANICS (ERGONOMICS) / ERGONOMIA Lifting, bending, twisting / Levantando, agachando, torcerando	N/A Safe/ At-Risk/ N/A
Repetitive motions / Movimiento repetitivo Reaching, pulling, pushing / Alcanzando, estirando, empujando Posture (static - prolonged) / Postura (inmovil - prolongada) Are they comfortable in their job? / Es el empleado comodo en su trabajo? Excessive force / Fuerza excesiva 13) What good behaviors were observed? - Que buenos comportant 14) What positive reinforcement was given for good behaviors observed.	Manteniendo distancia segura entre otros Exhibits safe driving behaviors / Demonstrado comportamiento seguro manejado Keeps body parts in running lines of PIT / Guardando las partes del cuerpo dentro de lineas corrientes de PIT mientos seguros se observaron? erved? - Que refuerzo positivo se dió por el buen comportamiento observada?
15) Focus area comments / Area en foco commentarios:	
16) Did you review the observation card with the associate? - La ta SCANTRON SafetyCapture" EM-2894 OSCANTRON CORPORATION 2011 ALL RIGH	87-1:654321

Behavior-Based Safety Observation Card Back

fue observa		as observed? - Cual comportamiento potencialmente peligroso, barrera, o peligro
What kind o	of positive correction was given	n? - Que correccion positiva se dio?
comportam	ociate commit to change the at iento de riesgo? MARK ONLY required? - Se require seguimi	
If follow up	is required, what is the follow u	up? / Si investigacion es requerida, que es necesario hacer?
Any other o	omments / Todos otros comme	entarios:
YES	complete immediately:	Future follow up scheduled date: Follow up actual date of completion: Month Day Year Month Day Year
_	NE REQUIRED ow up action was completed?	Date: Supervisor's initials: Month Day Year
■ NO	ow up action was completed?	Supervisor's initials: Month Day Year BBS Quality Rating Matrix Enter 1 or 0 in
■ NO		Supervisor's initials: Month Day Year BBS Quality Rating Matrix
NO What follows	ow up action was completed? Criteria Task of the employee(s) observed	Supervisor's initials: Month Day Year BBS Quality Rating Matrix Supporting Documentation Guidelines Enter 1 or 0 in the box The task of the employee(s) must be clearly described to enable the BBS team to review the data and to
NO What foll	Criteria Task of the employee(s) observed must be clearly described All categories checked off properly that apply to task observed including	Supervisor's initials: Month Day Year BBS Quality Rating Matrix Supporting Documentation Guidelines The task of the employee(s) must be clearly described to enable the BBS team to review the data and to start a proper barrier removal process if necessary. BBS observations must be properly completed and applicable to the task observed. Employees must take time to fully read items on the BBS card and check items applicable to the specific task observed in order for the
NO What foll Task Behaviors	Criteria Task of the employee(s) observed must be clearly described All categories checked off properly that apply to task observed including special focus areas Boxes checked "At Risk" have	BBS Quality Rating Matrix Supporting Documentation Guidelines Enter 1 or 0 in the box The task of the employee(s) must be clearly described to enable the BBS team to review the data and to start a proper barrier removal process if necessary. BBS observations must be properly completed and applicable to the task observed. Employees must take time to fully read items on the BBS card and check items applicable to the specific task observed in order for the committee to gain and compile quality trend data. Quarterly focus areas must be part of the observation. For boxes that identify unsafe or "At Risk" acts, comments should be provided to adequately explain what task was being performed and have some explanation of what was unsafe. Observations completed that are "all"
Task Behaviors Reason	Criteria Task of the employee(s) observed must be clearly described All categories checked off properly that apply to task observed including special focus areas Boxes checked "At Risk" have explanation in comment section Barriers raised and corrective actions for barriers observed as well as	BBS Quality Rating Matrix Supporting Documentation Guidelines Enter 1 or 0 in the box The task of the employee(s) must be clearly described to enable the BBS team to review the data and to start a proper barrier removal process if necessary. BBS observations must be properly completed and applicable to the task observed. Employees must take time to fully read items on the BBS card and check items applicable to the specific task observed in order for the committee to gain and compile quality trend data. Quarterly focus areas must be part of the observation. For boxes that identify unsafe or "At Risk" acts, comments should be provided to adequately explain what task was being performed and have some explanation of what was unsafe. Observations completed that are "all safe" should be given 1 point.

Safety Observation Card Front



Safety Observation Card Back

	orkplac		itions	(Mark SAFE	only one) At-Ris
3.1	Lighting Surface				
3.3					
	ransport				
4.1	T T		e		
4.2	Lights				
4.3	Backup	Alarm			
Cate	gory ID		П	Comme	nt (clip)
Cateç	gory ID			Comme	nt (KFI)
Cateç	gory ID			Comme	nt (KFI)
Cateç	gory ID			Comme	nt (KFI)
Cateç	gory ID			Comme	nt (KFI)
Cateç	gory ID			Comme	nt (KFI)
Cateç	gory ID			Comme	nt (KFI)
Cateo	gory ID			Comme	nt (KFI)
	gory ID	D SIGNAT	TIPE	Comme	nt (KFI)

Section 2: SafetyCapture Desktop Sample Forms

Site Observation Card Front

Serial numbering to uniquely identify the form and related data for reporting purposes

SERIAL#	SITE OBSERVATION CARD SafetyCapture®
AT-RISK NEAR GOOD COACHING LEARNING OPPORTUNIT Yes Yes Yes Yes Yes Yes Yes Yes	Marking Instructions Use a No. 2 pencil or blue or black ink pen only. Do not use pens with ink that soaks through the paper. Make solid marks that fill the oval completely.
O No O No O No	DATE TIME 24-HOUR AREA CLOCK
SITE Big Lake	Battery Room O O O O O O O O O O O O O O O O O O O
New York Cohasset Hardin Monticello Monticello Anoka Rush City Glenwood Marathon Milaca Beaumont Hoover Plymouth Plymouth Red Springs Lutz Canyon Lake Eagan Other	Control Room Control Room Maint Shop/Tool Room Maint Shop/To
COMMENTS - COACHING	OUTAGE RESPONSIBLE CONTRACTORS (EMPLOYEI ID #)
	Administration Contractor Maint/I&C Management Operations Vikings O 0 0 0 0 0 1 0 1 0 0 2 2 2 2 0 3 3 3 3
COMMENTS - LEARNING OPPORTUNITY	OBSERVER Corporate Professional Twins Wolves Twins
	☐ Employee ☐ Tech/Eng ☐ Lynx ☐ Gophers ☐ Gophers ☐ 7 ☐ 7 ☐ 7 ☐ 7 ☐ 7 ☐ 7 ☐ 7 ☐ 7 ☐ 7 ☐ 7

Site Observation Card Back

OBSER	RVATION	If a positive observation(s) is selected, no mitigation should be
SAFETY Delectrical Placetrical Storage Delectrical Storage Delectrical Storage Delectrical Safety Delectrical Hazard Delectrical Potential Hazard Delectrical Storage Delectrical Hazard Delectrical Potential Hazard Delectrical Storage Delectrical Hazard Delectrical Potential Hazard Delectrical Storage Delectrical S	PPE All PPE Being Worn Eye Protection Fall Protection Foot Protection Hand Protection Hard Hat Protection Hearing/Ear Protection Cher PPE HUMAN PERFORMANCE Accountability Attention to Detail Briefings Communication Foreign Material Exclusion Fork Truck Use Housekeeping	If a positive observation(s) is selected, no mitigation should be required. If a negative observation(s) is selected, a mitigation activity is required. If a negative observation is selected and a positive observation is selected on the same card, a mitigation activity is required. MITIGATION (Select all that apply) Area Roped Off Installed Danger Tape Barrier Installed Properly Labeled Cleaned Area Properly Stored Material Coached Worker Removed Hazard Corrected Housekeeping Replaced Bulbs Created Work Request Reported to Management Discarded Trash Stopped Job OBSERVATION/MITIGATION COMMENTS:
Chemical Storage Construction Debris Drum storage Coll Waste Bins Pollution Control/ Storm Drains Scrap Bins Spill Equipment/ Containment	Procedure Adherence Questioning Attitude Recordkeeping Verification Techniques SECURITY Badge Emergency Preparedness Property Breach Sabotage Suspicious Person/Package Tampering/Theft/Vandalism	PLEASE CONTINUE ON THE OTHER SIDE

Observation Card Front

RC / Hera RB / Thor RA / Odin

Training Lab

Maintenance Shops Development Lab Food Service

Administration

Warehouse

Departments Audited

Assembly

Safety Observation Card AFI LOS ANGELES

Marking Instructions

- Do not use pens with ink that soaks through the Use a No. 2 pencil or blue or black ink pen only
- Make solid marks that fill the oval completely
- Only need to fill out sections that are applicable; blank items will be assumed N/A.
- Items marked "at risk" should have further details in back comments section.

CORRECT

INCORRECT

O NOV	O OCT	O AUG	O JULY	JUNE	O MAY	O APR	O MAR	O FEB	O JAN	
00 @@	0) () () ()	(4)	(W) (W)	2 2	<u> </u>	0	Ž	?	Date
O 2027 O 2028	0 2026	O 2024	0 2023	0 2022	0 2021	0 2020	0 2019	10.45	ζΠ Δ	
O Training Administration	O Engineering	Food Service	OLegal	O Documentation	Assembly	○ Warehouse	Packaging / Shipping	<u>_</u> ac	O Facilities	Observer Department

00000 Safe

O O O O O O At Risk

Employee	Observed	Administration	O Training	Engineering	O HSE	Food Service	O Legal	Documentation	Assembly	Warehouse	Packaging / Shipping	<u>ි</u> බු
() Yes	Outage										pping	

Packaging / Shipping	s Audited	O Employee O Contractor O Work Area
Yes	At Risk) Yes) No

∞ >

Days

D C Shift

		_
O Yes	CI Ge	
	Generated	
	盗	

0	0			0	0	
TSO	APT	Type		No	Yes	At Risk
4.08	4.07	4.06	4.05	4.04	4.03	4.02
			Type 4.06 O APT 4.07 O TSO 4.08			

4.15	4.14	4.13	4.12	4.11	4.10	
Escape Routes Available	Safety Equipment/Devices Available	Process Equipment Cleared/Cleaned	Fire Watch/Hole Watch	Communication/Radios/etc.	Scaffold Tags	rookoat lagoat
0	0	0	0	0	0	C
0	0	0	0	0	0	C

Personal Protective Equipment Sale AtRisk 5.00 Lighting In Hard Hat 5.00 Lighting Salety Glasses 5.00 Container Labels 6.00 Containe	8. _Q	00	00	Fire Watch/Hole Watch Process Equipment Cleared/Cleaned	4.12 4.13
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.04 5.04 5.02 Hard Hat 5.02 5.03 5.04 Safely Glasses 0 0 5.03 Hearing Protection 0 0 5.05 Faceshields 0 0 5.06 Faceshields 0 0 5.09 Faceshields 0 0 6.01 Faceshields 0 0 6.02 Safety Shoes 0 0 6.02 Body Position 0 0 6.03 Line of Fire 0 0 6.03 Eyes on Task 0 0 6.06 Faces of Space Permit 0 0 7.04 Vehicle Operation <td>8.0</td> <td><u> </u></td> <td>0</td> <td>Fire Watch/Hole Watch</td> <td>4.12</td>	8.0	<u> </u>	0	Fire Watch/Hole Watch	4.12
Personal Protective Equipment Safe At Risk 5.01 Hard Hat 5.03 5.04 5.03 5.04 Gloves (chemical, leather AIN) 0 0 5.05 5.05 Hearing Protection 0 0 5.05 5.05 Fall Protection 0 0 5.09 5.09 Respiratory Protection 0 0 5.09 5.09 Respiratory Protection 0 0 6.01 6.01 Safety Specific PPE Safe At Risk 6.02 6.01 Safety Position 0 0 6.03 6.04 6.02 6.03 6.04 6.02 6.03 6.04 6.02 6.03 6.03 6.04 6.05 6.06 6.06 6.06 6.06 6.06 6.06 6.06)			5
Personal Protective Equipment Safe At Rsk 5.01 Hard Hat 5.02 5.02 5.02 Safety Glasses 0 0 5.02 Gloves (chemical, leather AIN) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 0 0 5.06 Faceshields 0 0 5.08 Respiratory Protection 0 0 5.09 Respiratory Protection 0 0 5.09 Respiratory Protection 0 0 5.09 Respiratory Protection 0 0 6.01 Body Use & Movement Safe At Risk 6.02 Body Position 0 0 6.03 Line of Fire 0 0 6.05 Body Use & Movement 0 0 6.05 Body Position 0 0 6.05 Body Position 0 0 6.05 College In Life In Point 0	8.0:	0	0	Communication/Radios/etc.	4.11
Personal Protective Equipment Safe At Rsk 5.01 Hard Hat 5.01 5.01 5.01 5.02 Safety Glasses 0 0 5.02 5.04 Gloves (chemical, leather AIN) 0 0 5.05 5.06 Hearing Protection 0 0 5.06 5.07 5.08 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 6.01 6.01 6.01 6.01 6.01 6.01 6.01 6.01 6.01 6.01 6.01 6.01	8.0:	0	0	Scaffold Tags	4.10
Personal Protective Equipment Safe At Rsk 5.01 Hard Hat 5.02 5.04 5.02 5.04 Safety Glasses 0 0 5.04 5.04 Gloves (chemical, leather AIN) 0 0 5.06 Hearing Protection 0 0 5.06 Hearing Protection 0 5.09 5.06 Hearing Protection 0 0 5.09 Jub Specific PPE 0 0 5.09 Jub Specific PPE 0 0 6.01 Safety Shoes 3 4.1 Rsk 6.02 Body Use & Movement Safe At Rsk 6.02 Body Position 0 0 6.01 Line of Fire Safe Movement 0 6.01 Eyes on Task 0 0 6.02 Body Position 0 0 6.03 Line of Fire 0 0 7.01 Eyes on Task 0 0 7.01 1	8.0	0	0	Lockout/Tagout	4.09
Personal Protective Equipment 5.01 Hard Hat 5.02 Safety Glasses 0 0 5.03 Gloves (chemical, leather AIN) 0 0 5.03 Hearing Protection 0 0 5.04 Fall Protection 0 0 5.09 Respiratory Protection 0 0 5.09 Proser 0 0 5.09 Respiratory Protection 0 0 5.09 Respiratory Protection 0 0 5.09 Respiratory Protection 0 0 6.01 Safety Shoes 0 0 6.02 Body Position 0 0 6.03 Line of Fire 0 0 6.03 Eyes on Task 0 0 7.01 Proper Lifting Technique 0	8.0	0	0	Critical Lift Plan	4.08
Personal Protective Equipment Safe At Risk 5.01 Hard Hat 5.01 At Risk 5.02 Safety Glasses 0 0 5.04 Gloves (chemical, leather AlN) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 0 0 5.09 Respiratory Protection 0 0 5.09 Respiratory Protection 0 0 6.01 Safety Shoes At Risk 6.02 Body Position 0 0 6.04 Eyes on Task 0 0 6.05 Proper Lifting Technique 0 0 7.0 Ascending/Descending Stairs 0 0 7.0 <td></td> <td>0</td> <td>0</td> <td>Excavation Checklist</td> <td>4.07</td>		0	0	Excavation Checklist	4.07
Personal Protective Equipment Safe At Risk 5.01 Hard Hat 5.02 Hard Hat 5.03 Safety Classes 0 0 5.04 Gloves (chemical, leather A/N) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 6 5.07 5.08 Faceshields 0 0 5.09 Faceshields 0 0 5.09 Faceshields 0 0 5.09 Faceshields 0 0 5.09 Respiratory Protection 0 0 5.09 Assign Protection 0 0 6.01 Body Use & Movement Safe At Risk 6.02 Body Position 0 0 6.05 Line of Fire 0 0 6.05 Eyes on Task 0 0 7.0 Eyes on Task 0 0 7.0 Eyes on Task 0 0 7.0 <td>7.1</td> <td>0</td> <td>0</td> <td>Job Safety Analysis</td> <td>4.06</td>	7.1	0	0	Job Safety Analysis	4.06
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 5.04 5.02 Safey (Glasses 6.04 5.03 5.04 Gloves (chemical, leather A/N) 0 5.05 5.06 Hearing Protection 0 0 5.06 Faceshields 0 0 5.08 Faceshields 0 0 5.08 Respiratory Protection 0 0 5.09 Respiratory Protection 0 0 5.09 Respiratory Protection 0 0 5.09 Assist on Task 0 0 6.0 Safety Shoes 0 0 6.03 Body Position 0 0 6.03 Line of Fire 0 0 6.04 Eyes on Task 0 0 6.05 Proper Lifting Technique 0 0 7.0 Ascending/Descending Stairs 0 0 7.0 7.05 7.05 7.05 <td>7.1:</td> <td>0</td> <td>0</td> <td>Line Break Permit</td> <td>4.05</td>	7.1:	0	0	Line Break Permit	4.05
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 5.04 5.03 Safely Glasses 0 0 5.04 Gloves (chemical, leather AIN) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 5.07 5.08 5.09 Fall Protection 0 0 5.09 Fall Protection 0 0 5.09 Fall Protection 0 0 5.09 Prall Protection 0 0 5.09 Asserties 4 0 0 5.09 Jub Specific PPE 0 0 6.01 Safety Shoes 8 At Risk 6.02 Body Description 0 0 6.03 Line of Fire Safe At Risk 7.0 Eyes on Task 0 0 7.0 Proper Lifting Technique 0 0 7.0 At Risk 7.0 7.0	7.1	0	0	Confined Space Permit	4.04
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 5.04 5.03 Safely Glasses 0 0 5.03 Gloves (chemical, leather AIN) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 5.07 5.08 5.09 Fall Protection 0 0 5.09 Fall Protection 0 0 5.09 Fall Protection 0 0 5.09 Job Specific PPE 0 0 5.09 Safely Shoes 4t Risk 6.01 Body Use & Movement Safe At Risk 6.02 Body Position 0 0 6.03 Line of Fire 0 0 6.03 Eyes on Task 0 0 6.05 Proper Lifting Technique 0 0 7.0 Ascending/Descending Stairs 0 0 7.0 Cell Phone Use Safe At Risk	7.1	0	0	Hot Work Permit	4.03
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 5.04 5.03 Safely Glasses 0 0 5.04 Gloves (chemical, leather AIN) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 5.07 5.08 Fall Protection 0 0 5.09 Hearing Protection 0 0 5.09 Fall Protection 0 0 5.09 Job Specific PPE 0 0 5.09 Safety Shoes At Risk 6.01 Body Use & Movement Safe At Risk 6.02 Body Position 0 0 6.03 Line of Fire Safe At Risk 6.03 Eyes on Task 0 0 6.05 Proper Lifting Technique 0 0 7.0 Ascending/Descending Stairs 0 0 7.0 Pinch Point 0 0 7.0	7.1:	0	0	Safe Work Permit	4.02
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 5.04 5.03 Safely Glasses 0 0 5.04 Gloves (chemical, leather A/N) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 5.07 5.08 Fall Protection 0 0 5.09 Safe Protection 0 0 5.09 Association Presention 0 0 6.01 Body Use & Movement Safe At Risk 6.02 Body Position 0 0 6.03 Line of Fire Safe At Risk 7.01 Eyes on Task 0 0 7.01 Proper Lifting Technique 0 0 7.01 Ascending/Descending Stairs 0 0 7.03	7.1	0	0	Pre-Job Walkdown	4.01
Safe	7.1	At Risk	Safe	Job Planning/Permits	4.0 Jo
Safe	7.0				
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 5.04 5.03 Safely Glasses 0 0 5.04 Gloves (chemical, leather AIN) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 5.07 5.08 Fall Protection 0 0 5.09 Pall Protection 0 0 5.09 Asspiratory Protection 0 0 5.09 Safety Specific PPE 0 0 6.0 Safety Shoes 8 At Risk 6.02 Body Use & Movement Safe At Risk 6.03 Eyes on Task 0 0 6.06 Proper Lifting Technique 0 0 7.0 Ascending/Descending Stairs 0 0 7.0	7.0	0	0	Vehicle in Authorized Area / Roadway	3.06
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 5.04 5.03 Safely Glasses 0 0 5.04 Gloves (chemical, leather AIN) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 5.07 5.08 Fall Protection 0 0 5.09 Fall Protection 0 0 5.09 Fall Protection 0 0 5.09 Asspiratory Protection 0 0 5.09 Job Specific PPE 0 0 6.0 Safety Shoes At Risk 6.02 Body Use & Movement Safe At Risk 6.02 Body Position 0 0 6.03 Line of Fire 0 0 6.05 Eyes on Task 0 0 6.05 Proper Lifting Technique 0 0 7.0 Ascending/Descending Stairs 0 0 7.0	7.0	0	0	Vehicle Operation	3.05
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.02 5.03 5.04 5.03 Safely Glasses 0 0 5.04 5.03 Gloves (chemical, leather AIN) 0 0 5.05 5.06 Hearing Protection 0 0 5.06 5.07 5.08 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 5.09 6.01 6.01 6.02 6.02 6.01 6.02 6.03 6.02 6.03 6.03 6.04 6.05 6.06 6.06 6.06 6.06 6.06 6.06 6.06 6.06 6.06 6.06 6.06 6.06 6.06	7.0	0	0	Cell Phone Use	3.04
Safe	7.0	0	0	Stop Sign	3.03
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 5.04 5.03 Safely Glasses 0 0 5.04 Gloves (chemical, leather A/N) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 5.07 5.08 5.09 Fall Protection 0 0 5.09 Fall Protection 0 0 5.09 Respiratory Protection 0 0 5.09 Job Specific PPE 0 0 5.09 Safely Shoes At Risk 6.01 Body Use & Movement Safe At Risk 6.02 Body Position Safe At Risk 6.03 Line of Fire 0 0 6.04 Eyes on Task 0 0 6.05 Proper Lifting Technique 0 0 6.05 Ascending/Descending Stairs 0 0 7.01 Vehicle Use Safe	7.0	0	0	Seat Belt	3.02
Personal Protective Equipment Safe At Risk 5.01 Hard Hat 5.02 5.03 5.04 5.03 Safely Glasses 0 0 5.04 5.03 Gloves (chemical, leather AIN) 0 0 5.05 5.06 Hearing Protection 0 0 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00	7.0.	0	0	Speed	
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 Safety Glasses 6 0 0 0 5.04 Gloves (chemical, leather A/N) 0 0 5.05 Faceshields Faceshields 5.07 Fall Protection 0 0 0 5.07 Fall Protection 0 0 0 5.09 Job Specific PPE 0 0 5.09 Safety Shoes 0 0 0 6.01 Body Use & Movement Safe At Risk 6.02 Body Position 0 0 0 6.04 Eyes on Task 0 0 0 6.05 Ascending/Descending Stairs 0 0 0 6.06 Ascending/Descending Stairs 7.01	7.0.	At Risk	Safe	Vehicle Use	3.0 V
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 Safety Glasses 6.04 Gloves (chemical, leather A/N) 6.05 Hearing Protection 7.00 Faceshields 7.00 Fall Protection 9.00 Safety Shoes	7.0				
Safet	7.0	0	0	Pinch Point	2.06
Personal Protective Equipment Safe At Risk 5.01 Hard Hat 5.02 5.03 5.03 Safely Glasses 0 5.04 5.04 Gloves (chemical, leather A/N) 0 5.05 5.05 Hearing Protection 0 0 5.06 Faceshields 0 0 5.08 Respiratory Protection 0 0 5.09 Job Specific PPE 0 0 6.01 Safety Shoes 0 0 6.01 Body Use & Movement Safe At Risk 6.02 Body Position 0 0 6.03 Line of Fire 0 0 6.04 Eyes on Task 0 0 6.05 Proper Liffing Technique 0 6.06 6.06		0	0	Ascending/Descending Stairs	2.05
Personal Protective Equipment Safe At Risk 5.01 Hard Hat Safely Glasses 5.03 5.04 Gloves (chemical, leather A/N) 0 5.05 Hearing Protection 0 5.06 Faceshields 0 5.07 Fall Protection 0 5.08 Respiratory Protection 0 5.09 Job Specific PPE 0 6.01 Safety Shoes At Risk 6.02 Body Use & Movement Safe At Risk 6.03 Line of Fire 0 6.04 6.04 Eyes on Task 0 6.05 6.05	6.0	0	0	Proper Lifting Technique	2.04
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 0 0 5.03 Safely Glasses 0 0 5.04 Gloves (chemical, leather A/N) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 0 0 5.08 Respiratory Protection 0 0 5.09 Job Specific PPE 0 0 6.0 6.0 Safely Shoes 0 0 6.01 6.01 Body Use & Movement Safe At Risk 6.02 Body Position 0 0 6.03 6.04	6.0	0	0	Eyes on Task	2.03
Safe At Risk 5.02	6.0	0	0	Line of Fire	2.02
Safe Atrisk Safe Atrisk Safe Atrisk Safe S	6.0.	0	0	Body Position	2.01
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 5.03 Safety Glasses 0 0 5.04 Gloves (chemical, leather A/N) 0 5.05 Hearing Protection 0 0 5.06 Faceshields 0 0 5.07 Fall Protection 0 0 5.08 Respiratory Protection 0 0 5.08 Safety Shoes 0 0 6.0 G-6.0 G-6.01	6.0:	At Risk	Safe	Body Use & Movement	2.0 B
Safety Glasses	6.0				
5.01 Personal Protective Equipment Safe At Risk 5.02 Hard Hat	6.0	0	0	Safety Shoes	1.09
Soft At Risk Soft At Risk Soft Soft At Risk Soft		0	0	Job Specific PPE	1.08
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 0 0 5.03 Safety Glasses 0 0 5.04 Gloves (chemical, leather A/N) 0 0 5.05 Hearing Protection 0 0 5.06 Faceshields 0 0 5.07 Fall Protection 0 5.08	5.0	0	0	Respiratory Protection	1.07
Personal Protective Equipment Safe At Risk 5.02 Hard Hat 0 5.03 Safety Glasses 0 5.04 Gloves (chemical, leather A/N) 0 5.05 Hearing Protection 0 5.06 Faceshields 0 5.07	5.0	0	0	Fall Protection	1.06
5.01 Personal Protective Equipment Safe At Risk 5.02 Hard Hat	5.0	0	0	Faceshields	1.05
5.01 Personal Protective Equipment Safe At Risk 5.02 Hard Hat	5.0	0	0	Hearing Protection	1.04
5.01 Personal Protective Equipment Safe At Risk 5.02 Hard Hat	5.0	0	0	Gloves (chemical, leather A/N)	1.03
Personal Protective Equipment Safe At Risk 5.02 Hard Hat	5.0	0	0	Safety Glasses	1.02
Personal Protective Equipment Safe At Risk 5.02	5.0:	0	0	Hard Hat	1.01
5.01	5.0:	At Risk	Safe	Personal Protective Equipment	1.0 P
Toolson's Toolson Toolson Concern Concern Concern	5.0		المامر) حص		

123456

Safe

At Risk

Continue on back

Failure to Follow Plant Signage /Policy

Observation Card Back

Control Cont	(cont) stance/		Follow-up/ Action Item Ta	
December December	istance/ height distance		_	U Notification U Conversation
Point Height (doing lask); Point Height (doing lask);	istance/ height distance	At Risk	Category ID	#OLON
Comments	distance		•	VATE II.C.O. (Alcoince decells).
Comments Comments	glare/brightness Kayhaard/Mairse height distance		0	Wille? (doilg task).
What? (was the risk): 1	Kayhoard/Mouse height distance	0	0	
Solution Discussed: Comments Comments	וופלטטמוטי ייויפיסט ווסופייי, מיסיימייס	0	(2)	What? (was the risk):
Additional Concerns Additional Concerns Comments Comments Follow-up Addition Discussed: Caregory ID O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	<u></u>	
Additional Concerns Additional Concerns Comments Follow-up/ Additional Conversation Caegory ID Why? (because): Solution Discussed: Why? (because): Solution Discussed: Why? (because): Solution Discussed:		0	4	
Comments Concerns Comments Comments	Workspace Housekeeping	0	(D)	Why? (because):
Solution Discussed: Solution Discussed:			(O)	
Comments Collow-up/ Action Items Taken: O Notification O Conversation O Caegory ID	Additional Concerns		D (Solution Discussed:
Comments Comments			⊚ (
Caegory ID NOTC#	Comments			
Action Item Taken:			/dir mollog	
O O O O O O O O O O	Q		Action Item Ta	O Notification Conversation
O			Category ID	
O O O O O O O O O O				#OLON
While? (doing task):			-	
1			•	While? (doing task):
1 1 1 1 1 1 1 1 1 1			<u></u>	
Solution Discussed: Solution Discussed:			(E	
Solution Discussed: Solution Discussed:			0 0	
0 0 0 0 0 0 0 0 0 0			7)	vvnat? (was the risk):
0 0 0 0 0 0 0 0 0 0			<u></u>	
Solution Discussed: Solution Discussed:) (
0 0 0 0 0 0 0 0 0 0			4)	W
10 10 10 10 10 10 10 10			(D)	why? (because):
O O O O O O O O O O			@	
Solution Discussed: Solution Discussed: Solution Discussed:			0 (
O O O O			9	Solution Discussed:
O Notification O Conversation Of Conversation Of Comparts (Adoing task): (Awas the risk): (because):			@	
O Notification O Conversation O## (doing task): (was the risk): ((because):			<u>ල</u>	
O Notification O Conversation O# O# (doing task): (? (was the risk): (? (because):				
Owas the risk): (because):			Follow-up/	
NOTO#_ While? (doing task): What? (was the risk): Why? (because): Solution Discussed:			Action Item Ta	U Notification U Conversation U
0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Category ID	
0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				#OLON
 O				
O — N M 4 M O F O			•	While? (doing task):
-000000000 -000000000			0	
000000000000000000000000000000000000000			€	
N () ((1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○			<u>7</u>	vvnat? (was the risk):
4 @ @ P @			<u></u>	
00000			4	
0000 0000) (Why? (hecause).
© C ⊚ © C ⊚			ற	(Compos): (
(D) (E) (E)			<u></u>	
) (iii)			<u></u>	
<u></u>) (Solution Discussed:
			<u></u>	

ACCIDENT Amalgamated Framis, Inc. Making stuff so you can make stuff Los Angeles Plant

ACCIDENT PREVENTION

TASK SAFETY OBSERVATION CARD

And

WORKING TOGETHER TO BUILD A CULTURE OF SAFETY

Customizable Form Front

Date					
MONTH DAY YEAR Jan 2016 ○Feb 2017	0	0		0	
OMar 0 0 2018 OApr 1 1 2019	0			0	
May 2 2 2020 Jun 3 3 2021	0			0	
July 4 2022 Aug 5 2023	0			0	
OSep 6 ○2024 OCt 7 ○2025 Nov 8 ○2026				0	
Dec 9 2027				0	
				0	
Observer ID		0		0	
000000	0			0	
	0			0	
333333	0			0	
3 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 7 7 7				0	
3 8 8 8 8 9 9 9 9 9				0	
				0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0		0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			 0	0	0
			0	0	0

Customizable Form Back

			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
0	0	0	0		
Comments	Item No: 123456	7390000000000000	13 19 20 21 22 23 (4 23 26 27 2	39 29 30
Comments			B B 2 2 2 3 4	B 23 28 27 2	39 39
	Item No: 123456	7330000000000		4 23 28 27 2	3 29 30
				4 23 26 27 2	39 39
				3 3 3 3	39 39
				4 25 26 27 2	39 39

Customizable Form Front—General Safety Overprint

All Facilities Overview Company Observed **Employee Class** Incident Class Site Location Date MONTH DAY YEAR Office Acme Electric Administrative All Safe 0 0 1 1 2 2 2018 2019 2020 Near Miss Apex Food Svc Engineer Docks Cafeteria Crest Constr Tech Support Sign Near Miss 33 2022 4 Max Mfring Technician Environmental Facil's Shop 5 2024 Peak Perf LLC Mfring Line Medical Control Room Vertex Inc Electrical Shop Shipper Driver Fitness Center Facilities Fuel Depot **Employee Status** Observer ID Road FT Salary \bigcirc Laboratory FT Hourly \bigcirc \bigcirc Mfring Floor Machine Shop PT Hourly Contractor Warehouse Seasonal Hrly \bigcirc

Mark Safe, At Risk or NA	SAFE	AT RISK	NA
Body Use and Movement	0	0	0
1. Body Position	0	0	0
2. Line of Flre	0	0	0
3. Eyes on Task	0	0	0
4. Bending / Twisting / Lifting	0	0	0
5. Use of Ladder / Step Stool	0	0	0
6. Ascending / Descending	0	0	0
7. Pinch Point	0	0	0
8. Pushing / Pulling /Overextending	0	0	0
9. Thermal Stress	0	0	0
10. Repetitive Motion	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0

Customizable Form Back—General Safety Overprint

Mark Safe, At Risk o	r NA		SAFE	AT RISK	NA
Job Planning			0	0	0
11. Stacked Jobs / Cong	estion		0	0	0
12. Safe Work Permit			0	0	0
13. Fire Watch			0	0	0
14. Communication			0	0	0
			0	0	0
Use of Tools and Equipn	nent		0	0	0
15. Safety Device			0	0	0
16. Gas Cylinder Securit	у		0	0	0
17. Correct Tool Usage			0	0	0
18. Electrical Grounding			0	0	0
19. Tool in Good Condition				0	0
20. Chemical Containme	ent		0	0	0
21. Guards in Place			0	0	0
				0	
Comments Item No	o: 123456780	9 (10 (1) (12 (3) (4) (5) (6) (7) (8) (1) Work Order	9 20 20 23 6	25 25 27 2	3 29 30
				3 23 23 27 2	3 29 30
O Near Miss	O Medical		0		
O Near Miss	O Medical	 Work Order 	0		

Customizable Form Front—Perception Overprint

"No be and if the sumana Comple Craft:	nercon, we be ts manageme urvey so that v agement, proc pany Name:	ctive is so important lieve our people are out is extremely impo	Perception that it will be pursued at the sour greatest asset. What you rand improve deficiencies in ces. Manager/Supervisor Masonry Operator	sacrifice of s think of En noment to c	ercon omplete ad safety	CORREC	en and ompletely. CT MARKS	Jai	b c c c c c c c c c c c c c c c c c c c
Upp	per manager	ment of this compa	ny		STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STROM AGR
1.	Reacts quick	ly to solve the problem	when told about safety hazar	ds.	0	0	0	0	0
			ety audits and inspections.		0	0	0	0	0
3.	Tries to contin	nually improve safety le	evels in each department.				0		0
4.	Provides all e	quipment needed to d	o the job safely.						
5.	Is strict about	t working safely when	work falls behind schedule		\circ	\circ	\circ		
		cts any safety hazard	` • /		\circ	0	0	0	0
7.	Provides deta	ailed safety reports to v	vorkers (Top 3 Safety Concerr	ns,	0	0			
		tions from incidents).			0	\circ	0	0	
		•	afety training for workers.		0	0	0	0	0
9.	Uses any ava	ailable information to ir	nprove Enercon's safety cultu	re.	0	0	0	\circ	0
		•	bout improving safety.		0	0	0	0	
			uction speed and schedules.		0	0	0	0	
12.	Provides wor	kers with information o	n safety issues.		0	0	0	0	0
		•	events (e.g., presentations, ce	remonies).	0	0	0	0	
			ney need to do their job.		0	0	0	0	0
15.	at the sacrific		e is so important that it will be	pursued	0	0	0	0	0
Му	direct super	visor			STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STROM
1	Makes sure v	ve receive all the tools	equipment needed to do the j	ob safely			0	0	
		necks to see if we are		,-	0	0	0	0	
3.	Discusses ho	w to improve safety w	ith us.		0	0	0	0	C
4.	Uses explana	ations (not just complia	nce) to get us to act safely .		0	0	0	0	
5.	Emphasizes	safety procedures who	en we are working under press	sure.	0		0		
6.	Frequently te	lls us about the hazard	ls in our work.		0		0	0	
7.	Refuses to ig	nore safety rules wher	work falls behind schedule.		0	0	0	0	
8.	Is strict about	working safely when	we are tired or stressed.		\circ	\circ	\circ	\circ	C
9.	Makes sure w	ve follow all the safety	rules (not just the most import	ant ones).	\circ		\circ	\circ	
			nen fixing equipment or machi		0	\circ	0	0	
	, ,		pay special attention to safet	•	0	0	0	0	
			<u>ie shift,</u> when we want to go h	ome.	0	0	0	0	
			e problems before they arise.		\circ		0		
			throughout the workweek.		0	0	0	0	C
15.	Believes that at the sacrific	•	e is so important that it will be	pursued	0	0	0	0	
	MMENTS:								NO.

Observation Form Front

CBI#	While doing (describe task)		Observation Form	l		
• 0 1 2 3			Marking Instructions Use a No. 2 pencil or blue or black in Do not use pens with ink that soaks Make solid marks that fill the oval	s through the pa	per. CORRECT	INCORRECT
4				Location		
6 7 8 9	The employee was (describe behavior)		Shipping Mail Office Cutt Load Bay Rec Storage Mote Warehouse Digi	tal Print Floor	Parking Powerpla Backup	
			Facilities Shop Was	ste Storage		
		FOLD	Date	Observe	er ID	No. Observed
	Aware? Agree? Control?		JAN	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 0 2 0 3 0 4 0 5
	Commitment to try?		Work Mode Weath	Hot	Classif	ication
	Suggestions for improvement		Normal Wet Ice/Snow	Cold	Operations/ Products Maintenance	Contract
			Follow Up Requested on this Obs	servation		
			Rev. 1216		Continue	on back 🗪
				RIAL		

Observation Form Back

	Observation				CBI#		While doing (describe task)
CBI (CATEGORY				0 0	5)	
.0	BODY USE	SAFE	AT-RISK		10 0	1	
.1	Ascending/Descending	0	0		2 2	2	
	Assistance	0	0		3	3	
.3	Body Mechanics/Ergonomics	0	0		4	1	
	Eyes on Path	0	0		5	3	
1.5	Eyes on Task	0	0		6	3	
1.6	Line of Fire	0	0		7	7	The employee was (describe behavior)
1.7	Pinch Points	0	0		8	3	
					9	9	
	WORKING CONDITIONS		AT-RISK				
	Housekeeping	0	0				
	Lighting/Visibility	0	0				
2.3	Walking/Working Surfaces	0	0				
3.0	PPE	SAFE	AT-RISK	FOLD			
3.1	Body Protection	\cap	0				
	Eyes/Face Protection	Ŏ	Õ				Because (Why was at-risk being done?)
	Fall Protection	Õ	Ŏ				
3.4	Hand Protection	Ŏ	Ŏ				
3.5	Foot Protection	Ö	Ö				
3.6	Hearing Protection	Õ	Õ				
	Head Protection	0	0				
3.8	Respiratory Protection	0	0				
3.9	H ₂ S Monitor	0	0				
4.0	PROCEDURE	SAFE	AT-RISK				
	Communications	_					Aware? Agree? Control?
4.1	Permits	0	0				Agies: O Control!
+.∠	1 61111169	U	U				Commitment to try?
5.0	TOOLS/EQUIPMENT/VEHICLES	SAFE	AT-RISK				Summand by Cady Cambridge of Impossible
	Selection/Use	0	0				Suggestions for improvement
	Condition	Ō	Ō				Suggestions for improvement
5.1	Condition		\cap				
5.1 5.2	Barricades	0					
5.1 5.2 5.3	Barricades		AT DIOV				
5.1 5.2 5.3 6.0			AT-RISK				