

Construction Site Safety Observation Record Form

Date

Time

Observer Name

Location

Work Activity Observed

Description of Observation

Unsafe Acts / Conditions Observed

Corrective Actions Taken

PPE Compliance

Equipment / Tools Being Used

Hazard	Observed (Yes/No)	Details
Fall Hazard		
Electrical Hazard		
Fire Hazard		
Chemical Hazard		
Other		

Additional Comments

Observer Signature

Date

Supervisor Signature

Date