This form is to be used by anyone to notify Management of Safety observations around site .

When completed, this form will go forward to Management for follow up and subsequent action.

#### A. What is your observation?

|  |  |
| --- | --- |
| □ Good Practise□ Bad Practise  | □ Improvement required |

B. Details of person making report:

|  |  |
| --- | --- |
| Surname: | Forename: |
| Site: | Your Employer: |

C. Observation details:

|  |  |
| --- | --- |
| Date:  | Time (use 24hr clock)  |
| Location: |

|  |
| --- |
| Description of observation: |
| Action taken following observation: |

##

THANK YOU FOR FILLING OUT THIS OBSERVATION. PLEASE PUT INTO THE SOR COMPLETED FOLDER & SITE MANAGEMENT WILL REVIEW.

**D. Site management review:**

|  |
| --- |
| Site Manager/Engineers Comments: |

|  |  |
| --- | --- |
| Signed:  | Position: |
| Name (please print): | Tel No: |

**Data Protection Act 1998** – the information on this form is used for the purposes of investigation and securing the health, safety and welfare of people at work. It is held by Health and Safety Services staff, and is supplied to departmental safety personnel and union representatives for the same purposes. Any queries about data protection issues should be addressed to a Director