

North Carolina Department of Agriculture & Consumer Services

JOB SAFETY OBSERVATION FORM

Job Task: _____	
Date: _____	Time: _____

Employee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Written Procedure (JSA or SOP) Utilized?  Yes  No

Correct Procedure Followed?  Yes  No

Unsafe Acts or Unsafe Conditions Noted:

Job Observation Reviewed With Employee?  Yes  No

Corrective Actions Recommended:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date