

Daily Safety Observation Report

Report Information

- **Report Number:**
- **Date:**
- **Observer Name:**
- **Department/Site Location:**

Observation Summary

- **Number of Observations:**
 - Safe Practices: __
 - Unsafe Practices: __
- **Overall Safety Status:**
 - Excellent
 - Good
 - Needs Improvement

Details of Observations

- 1. Observation 1:**
 - Description:
 - Action Taken:
 - Follow-Up Required: [] Yes [] No
- 2. Observation 2:**
 - Description:
 - Action Taken:
 - Follow-Up Required: [] Yes [] No

Key Recommendations

(List preventive actions or corrective measures.)

Follow-Up Actions

- **Assigned To:**
- **Deadline:**