### **Kitchen Safety Observation Report**

#### **Report Information**

* **Report Number**:
* **Date**:
* **Observer Name**:
* **Kitchen/Facility Location**:

#### **Observation Summary**

* **Type of Observation**:
  + Safe Practice (e.g., clean workstation, proper knife handling)
  + Unsafe Practice (e.g., spills, improper food storage)
  + Near Miss (e.g., slipping hazard avoided)

#### **Observation Details**

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

#### **Immediate Actions Taken**

* (e.g., cleaned spills, rearranged hazardous items.)

#### **Recommendations**

* (e.g., regular cleaning schedule, safety reminders for sharp tools.)

#### **Follow-Up Plan**

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