

# 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:**