### **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**: