

**NORTH CAROLINA DEPARTMENT OF AGRICULTURE  
SAFETY OBSERVATION REPORT  
SAFETY OFFICE - 919/733-2243**

**TO:** \_\_\_\_\_

SOR NO. \_\_\_\_\_

Date: \_\_\_\_\_

Building: \_\_\_\_\_

Area: \_\_\_\_\_

Hazard: \_\_\_\_\_

Observed Hazard : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hazard Class: \_\_\_\_\_ (1)(high) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4)(low)

Reported By: (Optional) \_\_\_\_\_

**Recommendations/Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Division Response:**

Agree with problem and recommended corrected actions.

\_\_\_\_\_ Work was completed on \_\_\_\_\_

\_\_\_\_\_ Work order will be initiated by \_\_\_\_\_ (date)

\_\_\_\_\_ Suggest deferring corrective action until \_\_\_\_\_

\_\_\_\_\_ (please explain)

Agree with problem, however, the alternate actions suggested below are proposed in lieu of those recommended.

Do not agree with the problem or recommendation as explained below.

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Closure:**                      Work has been completed.                      No further action is necessary.

## STEPS IN FILLING OUT AND SUBMITTING THE SOR

Date - Write the date the hazard was observed.

To: Write the name of your immediate supervisor, manager, department head or safety director.

Identify the location of the hazard and the type of hazard you are reporting (e.g. tripping hazard, electrical hazard, unguarded equipment, unsafe act, unsafe storage, etc.)

Write a brief description of the hazard you have observed.

Check the relative severity of the hazard.

Print your name, initials, or leave it blank if you choose.

If you have a suggestion on how to abate the hazard, write in your recommendation or comments and send a copy of the SOR to the person you have addressed in number two, or send to the Department Safety Director.

Division Response - To be filled in by division management.

Comments - For division response

Closure - To be completed by the Department Safety Director.