

# Job Safety Observation Road Work Report

Observer:	Employee / Crew:
Task evaluated:	Pictures taken Y N
Location of Work Zone:	Weather Conditions:
Type of Work:	Speed limit MPH <b>Emergency call-out</b> <input type="checkbox"/>
Shoulder Closure <input type="checkbox"/>	Lane Closure <input type="checkbox"/>
Detour <input type="checkbox"/>	Utility Work <input type="checkbox"/>
Intersection <input type="checkbox"/>	Road Closure <input type="checkbox"/>
Date: / /201__	Time: : A P Road Surface Condition:

**Discuss issues in the narrative comment boxes below**

Yes	No	Safe Actions	Yes	No	N/A	Equipment Present or Actions seen
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control plan developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work zone signs covered or removed off hours
<input type="checkbox"/>	<input type="checkbox"/>	Work Zone set up per MUTCD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashing arrow boards used?
<input type="checkbox"/>	<input type="checkbox"/>	Is a flagger present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impact attenuator used
<input type="checkbox"/>	<input type="checkbox"/>	Cones, or drums deployed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Police present to assist in traffic control?
<input type="checkbox"/>	<input type="checkbox"/>	STOP/Slow paddle used by flaggers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controls include the use flashers for night operations
<input type="checkbox"/>	<input type="checkbox"/>	Safety vests worn by all crew members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spiral guide book available for reference
<input type="checkbox"/>	<input type="checkbox"/>	Facing traffic where possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms operational on all mobile equipment?

## Expanded Narrative - *Describe what you see*

**NOTE: Everything OK or N/A is not an observation; it's a statement!**

**Describe the work being done:** Use 1-3 sentences.

**Presence of Safety:** What did you see to be complimented? (Ex: Cones in place, spotter used during backing, proper speed for conditions, good housekeeping on site)

**Absence of Safety:** What did you see that could be changed to improve worker safety?

**Follow up action:** (*What changes were made?*) TBT or Video used?