


ONLY RECORD WHAT YOU ACTUALLY OBSERVE
Task (What was being done):
Hazard (What the EE was exposed to):
Unsafe Behavior (What the EE was doing):
Why (Reason EE was behaving this way):
AGREEMENT: YES OR NO (circle one)
Solution:
COMMITMENT: YES OR NO (circle one)
Comments:

OBSERVATION CRITIQUE
DID THE OBSERVER:
1. <i>Notify you before performing an observation?</i> YES or NO
2. <i>Point out the good things you were doing first?</i> YES or NO
3. <i>Review any unsafe behaviors with you?</i> YES or NO


The purpose of this program is to improve work conditions, and is not designed as a tool for disciplinary action. As a result, names of observed employees are not recorded or disclosed.

This material is for informational purposes only and is not intended to provide specific solutions for any potentially unsafe conditions. Amerisure assumes no duty or obligation to any party in providing this information.





AMERISURE™



AMERISURE'S OBSERVATIONAL SAFETY PROGRAM

FALL PROTECTION

STAIRWAY

OBSERVATIONAL CHECKLIST FOCUSED STAIRWAY OBSERVATIONS

Directions: Observe only 1-2 employees at a time. Mark both observed and unobserved behaviors or conditions with Yes, No, or Not Applicable. If No, choose the most applicable Hazard # that corresponds with the observed condition or behavior. Common hazards that exist in these unsafe conditions have been noted below each item.

POTENTIAL HAZARDS RESULTING FROM BEHAVIORS AND/OR CONDITIONS CREATED AND/OR ALLOWED BY EMPLOYEE/EQUIPMENT:

- | | |
|--|-----------------------------------|
| 1. Fall – Poor Illumination | 14. Fall – Improper Handrail |
| 2. Trip – Landing Area | 15. Cut/Puncture – Handrail Sharp |
| 3. Fall – Trip for Temp Lighting/ Cord | 16. Fall – Load Carrying |
| 4. Fall – Debris on Landing | 17. Fall – Cramped Landings |
| 5. Fall – Debris on Stairs | 18. Fall – Impaired Vision |
| 6. Fall – Material on Landing | 19. Fall – Awkward Work |
| 7. Fall – Slippery Surface | 20. Fall – Not Using Handrail |
| 8. Fall – Material on Stairs | 21. Fall – Closed Stairway |
| 9. Fall – Treads Improperly Filled | 22. Fall – Taking Multiple Steps |
| 10. Fall – Non-Uniform Tread | 23. Fall – Improper Footwear |
| 11. Fall – Non-Uniform Riser | 24. Fall – Employee Distracted |
| 12. Fall – Unprotected Openings | 25. Fall – Stairwell Access |
| 13. Fall – No Handrail | 26. Fall – Material Handling |

IF MORE THAN TWO UNSAFE CONDITIONS AND/OR BEHAVIORS ARE OBSERVED:

1. Stop the Observation
2. Remove/Correct Hazards
3. Note in Comment Area

OBSERVED CONDITION OF STAIRWAY AT TIME OF USE

	Y	N	N/A	HAZARD #
Sufficient illumination provided (1)				
Free of debris and material storage (2, 3, 4, 5, 6, 8)				
Stair treads are completely filled with permanent/ temporary materials (9)				
Risers and treads are uniform in size (10, 11)				
Open sides are protected to prevent falls (12, 13, 14)				
Appropriate handrail provided (12, 13, 14)				
Free of electrical cord hazards (3)				
Free of water, mud or other slick materials (7)				
Job-made handrails are free of sharp edges, cut/puncture hazards (15)				
Free of overhead falling objects (4, 5, 6, 8)				
Landing large enough to allow for door swing and/or access (4, 6, 17)				
Stairs are open and approved for use (9, 13, 21, 25)				

OBSERVED BEHAVIORS AT TIME OF USE

	Y	N	N/A	HAZARD #
Vision free of obstructions while ascending/descending stairs (16, 19, 22)				
Using handrails as needed (13, 14, 20)				
Using appropriate illumination (1)				
Taking one step at a time while ascending and descending (22, 24)				
Using proper tempo (walking not running) (20, 22)				
Wearing appropriate footwear (7, 8, 23)				
Free of distractions (cell phone use, reading plans) (24)				
Descending stairs on handrail side (if only one is provided) (20)				
Accessing elevated/lower levels without unnecessary effort (climbing, jumping) (25)				
Handling materials without creating trip and fall hazard (1, 16, 19, 20, 22, 25)				

OBSERVATION DATA SHEET

Company Name: _____

Location of Observation: _____

Date of Observation: _____

Name of Observer: _____

Number of Individuals Observed: _____