

ExxonMobil Nobody Gets Hurt

Employee PTS Number
(Observer)

Department
(Observer)

Department
(Observed)

Date

M M . D D . Y Y
 . .

Shift

Day

Night

Location (Codes located on backing sheet)

Worker Last Name (Observer)

Worker First Name (Observer)

use not not (S) Safe / (UN) Unsafe

USE BLUE OR BLACK INK ONLY

***IF THE ISSUE IS A MAINTENANCE CONCERN, PLEASE INFORM IMMEDIATE SUPERVISOR.**

****IF A HAZARD IS IDENTIFIED, YOU OWN THE HAZARD UNTIL CLOSED OR MITIGATED.
FOR OBSERVATIONS, USE PAGE 2**

HAZARD IDENTIFICATION CHECKLIST

- Access Blocked / Restricted
- Awkward Positioning
- Chemicals - Storage, Labeling, etc.
- Housekeeping
- Ignition Hazards - Sparks, Static, Electrical, etc.
- Chemical or Oil Leaks/Spills
- Material Handling
- Poor Lighting
- Potential Dropped Objects
- Slip / Trip / Fall
- Exposure to Weather Extremes / Temperature Extremes
- Unsafe Equipment / Unsafe Tools
- Other _____

Item Number

Description of Hazard

Action Taken / Action Required

Status: Closed

Maintenance Required? Yes

WO Number

OBSERVATION CHECKLIST

- S UN LIFE SAVING ACTIONS**
- 1.1 Work Authorization in Place
 - 1.2 Energy Isolation Completed and Verified
 - 1.3 Breaking Containment Procedure Followed
 - 1.4 Critical Devices are Working
 - 1.5 Hot Work Appropriately Managed
 - 1.6 Working at Height Procedure Followed
 - 1.7 Confined Space Entry Procedure Followed
 - 1.8 Lifting and Hoisting Procedures Followed
 - 1.9 Rotating Equipment Risks Managed
 - 1.10 Critical Procedures Known and Followed

- S UN COMMUNICATION**
- 2.1 Effective Verbal Communication
 - 2.2 Signals Clear and Understood
 - 2.3 Clear Written Communication
 - 2.4 TOFS/Stop the Job Occurred
 - 2.5 LMRA Occurred

- S UN PERSONAL PROTECTION EQUIPMENT**
- 3.1 Appropriate PPE Selected
 - 3.2 PPE Worn Correctly
 - 3.3 PPE in Good Condition

- S UN POSITIONS OF PEOPLE**
- 4.1 Striking Against Objects
 - 4.2 Struck by Objects
 - 4.3 Caught in, on or Between Objects
 - 4.4 Falling
 - 4.5 Overexertion
 - 4.6 Repetitive Motions
 - 4.7 Awkward Positioning Observed

- S UN TOOLS AND EQUIPMENT**
- 5.1 Appropriate Tool Selected
 - 5.2 Tools Being Used Correctly

- S UN DOCUMENTATION**
- 6.1 Documentation Available at the Worksite
 - 6.2 Documentation Appropriate for the Task

- S UN ENVIRONMENTAL**
- 7.1 Waste Management

- S UN WORKPLACE POLICIES**
- 8.1 Workplace Policies Being Followed

- S UN HEALTH / HYGIENE**
- 9.1 Potential Exposure to Hazardous Substances/Noise
 - 9.2 Potential Exposure to Illnesses

SAFE CHOICE CONVERSATION

- 10.1 Why Do You Work Safe?
- 10.2 Personal Decision Making Styles
- 10.3 Six Steps in Safe Decision Making

- 10.4 Decision Making Biases
- 10.5 Fast Thinking vs Slow Thinking
- 10.6 Focus on the Task "Head in the Game"

Item Number

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What did you see? (Describe what you observed.) What did you do? (Describe your conversation and action.)
