



Function of Beauty Behavioral Based Safety Program Hazard Observation Report

FoB General Use

For FoBs 8 & 10, please use the forms for those locations.

Employee Behavioral Based Safety Report Form

Behavioral Based Safety Initiative

Instructions:

Behavior Based Safety Observations are intended to focus everyone's attention on their own and their peers' daily safety behavior.

You have been tasked with completing this week's BBSO report.

Please take 15 minutes between to complete the report on **Page 2**.

When completed please return the completed packet to the EHS Department.

When completed, fill out Safety Concern Forms or Near Miss Reports as needed for each safety issue you observed.

Each deficiency or issue **must** have an individual form filled out via the EHS website

Any issue that may have the potential to cause imminent injury, illness, or property damage must be addressed with your supervisor immediately.

Thank you for your commitment to safety each & every day!



Function of Beauty Behavioral Based Safety Program Hazard Observation Report

Date		Shift		Location (By FoB #)	
Name (Print Clearly)			Safety Zone Checked		
Housekeeping	Is equipment kept clean and free of dust and debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are floors & walkways free of trip hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are emergency exits clear and do they allow quick and easy exit from the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Safety Equipment easily accessible? (Fire Extinguishers, Safety Showers, Spill Kits, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are leaks and spills cleaned up and/ or repaired promptly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are workstations kept clear and free of trash & debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Safety	Are all electrical cords in usable condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all electrical cords wrapped and stored correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are all panels and disconnects easy to access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all wires away from walking areas to prevent tripping/ falls/ etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chemical Safety	Are all chemicals/ gases properly labeled? (Chemical Name, Date, Hazard)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all flammable/ combustible cabinets properly grounded or stored correctly and in the proper location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are all chemicals properly stored/ secured/ anchored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all chemicals properly disposed of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PPE	Is all PPE accessible to employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is PPE in clean and working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are employees using PPE in the appropriate areas? Example: Safety Glasses/ Respirators			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Use	Is Lock Out / Tag Out being utilized correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has all mechanically operated equipment (e.g., PIT equipment) been routinely checked before use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is safety signage displayed when needed and used for appropriate hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does all equipment have safe electrical cords/ grounding when in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are all machines or equipment in the area properly guarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have Individual Safety Concern Forms Been Submitted for Deficiencies Noted in Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observations & Notes			Required for Each Deficiency		

Signature _____ Date ____/____/____

All forms Must Be Signed and Dated

Return Completed Forms to the EHS Department Upon Completion