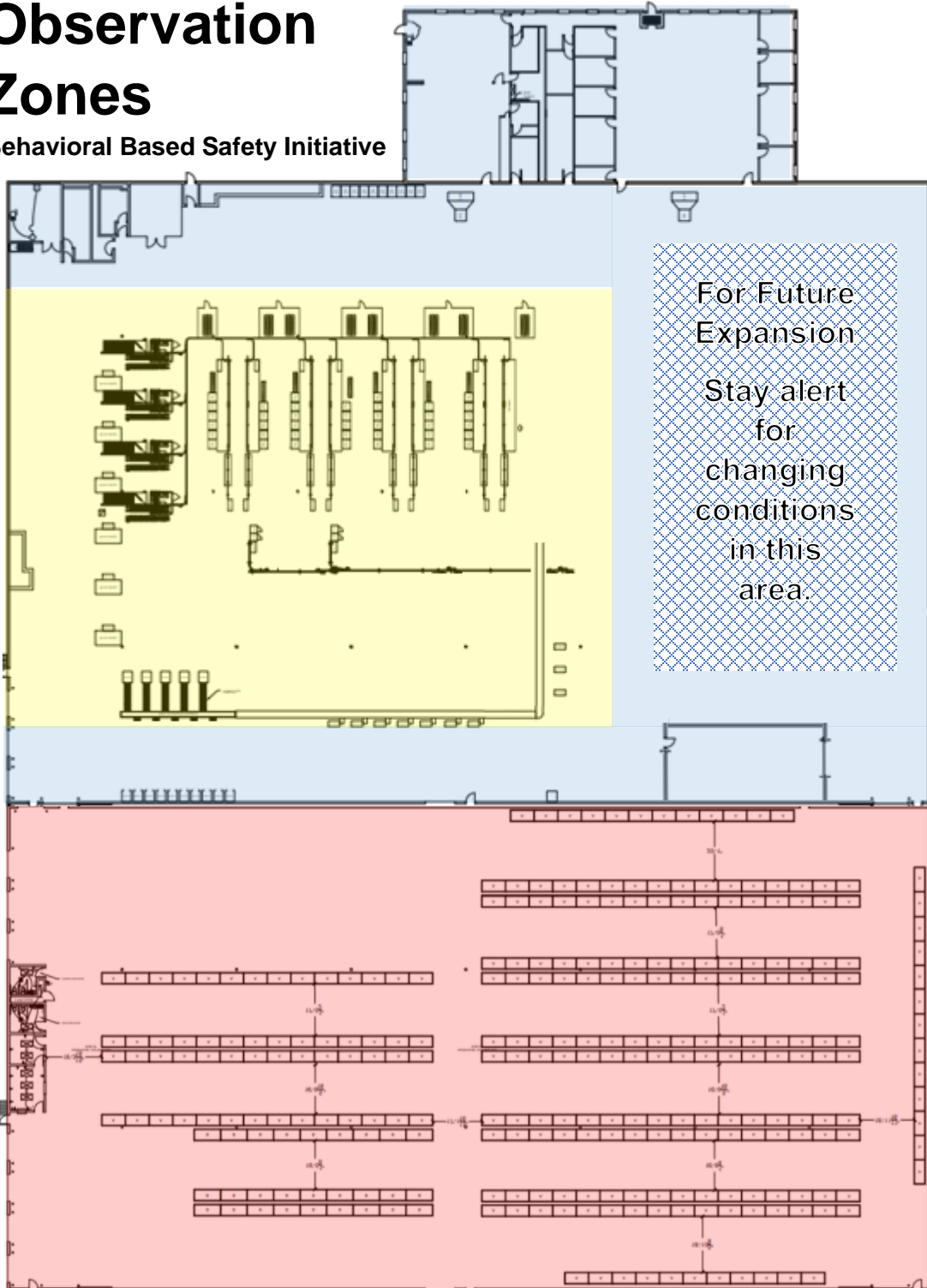




# FoB 10 Employee Safety Observation Zones

Behavioral Based Safety Initiative



**Zone A - Warehouse**

**Zone B - Production,**

**Zone C -Offices, Micro, Expansion Area**

**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 now and Wednesday of this week to visit your assigned zone and complete the report on **Page 2**.

When completed please return the completed packet to the EHS Department mailboxes near the EHS desk between zones B & C.

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

The kiosk located at the EHS desk area may be used to complete these forms.

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

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

All forms Must Be Signed and Dated

Return Completed Forms for the Assigned Area to EHS Before Wednesday.