

Worker Name or Vehicle Number: _____ Observation Date: _____

BEHAVIOR	SAFE	AT-RISK	FEEDBACK/COMMENTS
Pre-trip <ul style="list-style-type: none"> Performs accurate and thorough inspection of vehicle prior to departing 	<input type="checkbox"/>	<input type="checkbox"/>	
Safe following distance <ul style="list-style-type: none"> Keeps following distance based on speed and road conditions (minimum of 1 second per 10 feet of vehicle length plus 1 second each for speed, weather, traffic, etc.) 	<input type="checkbox"/>	<input type="checkbox"/>	
Safe speed <ul style="list-style-type: none"> Operates at a safe speed taking into account traffic congestion, road conditions, cargo load, weather, time of day, construction zones and posted speed limit 	<input type="checkbox"/>	<input type="checkbox"/>	
Distracted driving <ul style="list-style-type: none"> Does not use devices such as phone, GPS or scanner while operating the vehicle Does not eat or drink while operating the vehicle on the roadway 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Merging/sideswipes <ul style="list-style-type: none"> At entrance/exit ramps, adjusts speed and following distance to allow for merging traffic When merging into traffic, uses signals, scans mirrors, and adjusts speed and following distance to merge safely 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Backing <ul style="list-style-type: none"> Does not perform an unnecessary or improper backing maneuver Gets out and looks (G.O.A.L.) then uses horn, mirrors and hazard lights throughout the backing process 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Seatbelt <ul style="list-style-type: none"> Driver and passenger properly wear seat belt at all times while the vehicle is in motion 	<input type="checkbox"/>	<input type="checkbox"/>	
Slips/trips/falls <ul style="list-style-type: none"> Uses 3-points of contact when getting in and out of vehicle Wears proper slip-resistant footwear Watches surroundings and adjusts for conditions (i.e. potholes, uneven walk path, debris) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Equipment handling <ul style="list-style-type: none"> Pulls close enough to the dolly to minimize the distance required to move it Properly grabs and lifts the dolly by the glad handles Pivots and does not twist when moving the tongue into position Releases the brake where applicable 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Lifting/lowering <ul style="list-style-type: none"> Assesses the size and weight of the load and breaks up the load for safe carrying, or gets help if needed Bends at the knees, keeping the natural curve of the back Grasps object by opposite corners and lifts with a smooth and steady motion 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Policies/procedures <ul style="list-style-type: none"> Adheres to established procedures, methods, equipment and tools Keeps an acceptable work pace, does not rush or run 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Observer Signature: _____ Date: _____ Worker Signature: _____ Date: _____