

## Weekly Safety Tip

### “For Safety’s Sake - Do Something!”

Everyday activities including work, play, school, shopping, travel, and just about everything we do involves some sort of safety risk. So how do we protect ourselves and others from these potential injuries?


By far the most important way to prevent injuries is to train ourselves to be vigilant and be able to recognize conditions that could cause injury to ourselves and others. It’s great to be able to recognize and avoid injuries, but that is not enough! What do we do after that? Do we just walk on by? Do we tell someone or file an Incident Report? Still not enough!

If possible, you should *always* try to “Do Something” to eliminate that risk.

- If you see a spill or trip hazard clean it up, mark it, or move it if you can.
- If you see someone struggling with an awkward or heavy load help them out.
- If you see someone working without the correct PPE or using the wrong tool, talk to them about the safe way.
- If you see someone working safely, compliment and thank them to reinforce their safe behaviors.
- If you see something that you can’t immediately address then you need to tell someone who can eliminate the safety risk and/or file an Incident Report for immediate attention.

#### Safety Observation Cards

- Safety Observation Cards make it easy to record items that need to be corrected, items that could be improved, or to recognize and reward safe behavior and work practices.
- Safety observations are a key action to measure how well workers are engaged with safety.
- Safety observations help to create a safe and healthy environment for everybody!



**“For Safety’s Sake - Do Something”**

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Observation: SAFE  AT RISK

PPE <input type="checkbox"/>	Adjacent Work <input type="checkbox"/>
Manual Lifting <input type="checkbox"/>	Scaffold / Ladder / Stairs <input type="checkbox"/>
Security <input type="checkbox"/>	Signs / Barricades <input type="checkbox"/>
Housekeeping <input type="checkbox"/>	SPA / Permit <input type="checkbox"/>
Slip / Trip / Fall <input type="checkbox"/>	Energy Isolation / LOTO <input type="checkbox"/>
Ergonomics <input type="checkbox"/>	Other <input type="checkbox"/>
Furniture <input type="checkbox"/>	IR Filed? Y <input type="checkbox"/> N <input type="checkbox"/>

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Description of Observation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Corrective Action Taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Time: \_\_\_\_\_ Observer: \_\_\_\_\_