

	SANCON FIELD OBSERVATION FORM To Be Filled By Observer						
Originator:			Positiv <u>e</u>				
Date:			Or				
Time:							
Location: <u>Description</u>			<u>Negative</u>				
Reason of Observation							
☐ Use of Equipment ☐ Procedure ☐ PPE☐ Work Practices ☐ Use of Tools							
Immediate A							
Employee Sig	nature:	Date:					

SAFETY IS EVERYONE'S REWARD



	SANCON FIELD OBSERVATION FORM To Be Filled By SSSR								
	1	2	3	4	5	•			
>\$1,000,000						Α			
\$500,000 -\$1,000,000						В			
\$100,000 - \$500,000						С			
\$20,000 - \$500,000						D			
<\$20,000						E			
Yellow and Red Observations must be captured in a Incident form by the SSSR.	No Injury Possible	SS Minor Injury Possible	upp a LTI Possible (First Aid)	Long-term Disability	Fatalities Possible				
	HSEQ Manager Signature								
		President Signature							
UNSAFE ACT ☐ Unfocussed ☐ Horseplay ☐ Driving ☐ Safety Feature ☐ House Keeping EQUIPMENT/TOOLS ☐ Calibration ☐ Improper Use ☐ Condition ☐ Safety Feature ☐ Shield/Guard									
PROCEDURES ☐ Not Utilized ☐ Improper Use ☐ Wrong Procedure ☐ No Procedure Available PPE ☐ Not Utilized ☐ Improper Use ☐ Not Available ☐ Damaged									
Comments/Actions: Action Complete? YES or NO Applicable Signature: Date:									
Applicable Signature: Date:									

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