

Safety Observation of *(employee observed and action)*

Observer(s) *(print and sign name)*

Date *(mm/dd/yyyy time)*

1.0	Personal Protective Equipment (PPE)	Safe	At Risk
1.1	Eye and Face	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Hand Protection	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Body Protection	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>

2.0	Ergonomics	Safe	At Risk
2.1	Lifting	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Pushing and Pulling	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Posture	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Reaching	<input type="checkbox"/>	<input type="checkbox"/>

3.0	Housekeeping	Safe	At Risk
3.1	Trash	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Organization	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Slip and Trip Hazards	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Wet Floors	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Material Disposal	<input type="checkbox"/>	<input type="checkbox"/>

4.0	Restraint, Bite Prevention	Safe	At Risk
4.1	Restraint Devices	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Sedating Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Assistance Required	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Body Positioning	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Buddy System	<input type="checkbox"/>	<input type="checkbox"/>

Comments, Feedback, or Action(s) Taken:

Is your practice covered?

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[Talk with the Trust
833-350-2050](tel:833-350-2050)

About the AVMA Trust

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