***Worker Safety Observation Form – Competency Evaluation Record***

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| **Worker’s name:** |
| **Work Location:** |
| **Supervisor:** |
| **Observer:** | **Date:** |
| **Description**  | **Yes** | **No** | **Not observed** | **Comments** |
| Wears required personal protective equipment |  |  |  |  |
| Follows safe work procedures and policies |  |  |  |  |
| Ask questions when does not know how to do a task safely |  |  |  |  |
| Practices good housekeeping |  |  |  |  |
| Demonstrates a safe attitude every day |  |  |  |  |

**General comments and observations:**

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