|  |
| --- |
| **Safety Walkabout Record Form** |
| **Walkabout Conducted By:** | **Facility:** |
| **Job Title:** | **Department:** |
| **Date and time of walkabout** | **Specific location or area of walkabout** | **Walkabout Findings from Observations, Demonstrations, or Conversations** |
| **Positive Finding Information** | **Information about Identified Issues**\*if sub-par conditions, equipment or behaviours are present, ensure that root causes are explored |
| **Positive safety conditions, or behaviours identified** | **Name of recognized employee****(if applicable)** | **Safety issue identified (include specific location and any necessary details)** | **Corrective Actions** |
| **Required Corrective Actions** | **Action** | **Date of Correction** |
|  |  |  Gave positive reinforcement |  |  Issue identified by leader Issue identified by staff Include staff member’s name: |  Corrective actions suggested by leader Corrective actions suggested by staff member Corrective actions suggested by both leader and staff in collaboration |  Personally implemented corrective action Referred finding to another individual for corrective actionName of individual responsible for corrective action: |  |