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| **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 action  Name of individual responsible for corrective action: |  |