

FIELD NOTES

Casefile Number: _____

Establishment Name: _____

Company Background

Contact(s): _____

Product/Services: _____

Process/Equipment: _____

SHARP: _____ SST: _____ OSHA Referral: _____ High Hazard: _____ NEP/REP: _____ Limited: _____

OSHA Inspection History: _____ Third-Party Assistance: _____

Union: Yes ☐ No ☐ Employees Interviewed: _____

Facility Diagram Available: Yes ☐ No ☐

Company Safety & Health Program: *Check all that apply* [See OSHA Form 33 for additional info where applicable]

S&H Policy ☐

Safety Manual/Rules ☐

Safety Meetings ☐

Self-Inspections ☐

Employee Participation ☐

Training ☐

OSHA 300: Yes ☐ No ☐ Injury Trends: _____

	OK	Needs Improvement (Cited)	Not Applicable	Not Evaluated*	Notes
Bloodborne Pathogens:					
Confined Spaces:					
Cranes:					
Electrical Safety:					
Emergency Action:					
Fire Prevention:					
HAZCOM					
Forklifts:					
Lockout/Tagout					
Medical/1 st Aid:					
Noise (HCP)					
Power Press:					
PPE Written Cert.:					
Process Safety (PSM)					
Respirators:					

*Referred/Left to Other Discipline or Limited Service

Casefile Number: _____

Hazard Item #	Description/Condition
Serious or OTS	
Employees Exposed _____	
Duration/Frequency _____	Equipment:
	Location:
	Measurements:
PHOTO # _____	Employee/Employer Comments:
	Interim Protection?
OSHA STANDARD:	

Hazard Item #	Description/Condition
Serious or OTS	
Employees Exposed _____	
Duration/Frequency _____	Equipment:
	Location:
	Measurements:
PHOTO # _____	Employee/Employer Comments:
	Interim Protection?
OSHA STANDARD:	