

**Villanova University – Employee Safety Committee  
Worker Safety Observation Form**

<b>Worker's Name:</b>		
<b>Work Location:</b>		
<b>Observer:</b>		<b>Date:</b>
<b>Description</b>	<b>Yes</b>	<b>Comments:</b>
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		
Other		

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