**OBSERVATION CARD**

**Safety recognition**

**Unsafe**

Unsafe behaviour Unsafe condition

Environmental/chemical hazard

**Safety suggestion**

Name:

Location:

Date/Time:

**WHAT DID YOU OBSERVE?**

**Type of observation** (please tick)

**WHAT DID YOU DO ABOUT IT?** (See STAR Conversation on Reverse)

Did you stop the job? Yes No

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**Safety recognition**

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Name:

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**WHAT DID YOU OBSERVE?**

**Type of observation** (please tick)

**WHAT DID YOU DO ABOUT IT?** (See STAR Conversation on Reverse)

Did you stop the job? Yes No

**WHAT CAN BE DONE ABOUT IT?**

**FEEDBACK** (For Staff Completion)

Feedback given? Yes No

Reference:

**★ STAR CONVERSTATION ★**

**S**ee

**T**alk

**A**gree

**R**ecord

If you **See** an at-risk behaviour

* **Talk** about it
* Get an **Agree**ment
* **Record** it on an observation card

**WHAT CAN BE DONE ABOUT IT?**

**FEEDBACK** (For Staff Completion)

Feedback given? Yes No

Reference:

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