



MODOT BBS OBSERVATION FORM: OFFICE

DATE: _____

OBSERVER NAME: _____

OBSERVED DEPT/ORG: _____

OBSERVED TASK/JOB DESCRIPTION: _____

OBSERVED LOCATION: _____

**Please skip the item or section if it is not applicable to the task/job that is included in the observation. A skipped question is considered NA.*

HOUSEKEEPING	SAFE	AT-RISK	COMMENTS
Slip/Trip/Fall Hazards			
Storage/Clutter			

BODY POSITION	SAFE	AT-RISK	COMMENTS
Lifting/Bending			
Reaching/Twisting			
Paying Attention			

LAYOUT/WORK ENVIRONMENT	SAFE	AT-RISK	COMMENTS
Monitor Position/Glare			
Mouse & Pad/Keyboard			
Adequate Lighting			
Layout (frequently used tools near)			

NOTED SAFE BEHAVIORS/ACTIONS

REASONS BEHIND AT-RISK BEHAVIORS

SOLUTIONS PROPOSED/IMPLEMENTED