SUPERVISOR SAFETY VISIT REPORT

MANAGER/SUPERVISOR:	
LOCATION:	VISIT TEAM (NAME/CODE):
DATE:	
AUDIT HOURS:	

CLASS		TOTAL
Safety Rule Violation (Actual observation, or the evidence that a rule has been violated.)	SRV	_____
Unsafe Act (An act, obviously unsafe, not covered by a written rule or practice.)	UA	_____
Unsafe Condition (A condition, obviously unsafe.)	UC	_____

OBSERVATIONS (POSITIVE/CONCERNS)	RESP.	CLASS

COMMENTS: