

SAFETY OBSERVATION: COMPRESSED AIR USE

Specific Risk Factor(s) Identified

Please check the items below where improvement is possible, and indicate the approach to addressing the risk factor.

Compressed air use						
<i>NEEDS FOCUS</i>	<i>RISK FACTOR IDENTIFIED</i>	<i>CORRECTIVE ACTION APPROACH</i>				
		1	2	3	4	5
	OSHA compliant nozzle					
	Safety glasses used					
	Not blowing off of skin or clothing					
	Material of construction of airlines					
	Labeling of Airlines					
	Hose connection to prevent whipping					
	Chip guarding and protective equipment specified					
	Hearing protection					
	Other (specify):					

1= Retraining

2= Assigned to work with safety mentor

3= Increased frequency of safety observations

4= Unsafe condition or "non-enabled task" that needs to be addressed

5= Present at team meeting

Corrective action to be completed (indicate who is responsible and corrective action date):
