S. T. O. P.
"Stop, Think, Observe, Proceed"

☐ **SAFE**   ☐ **UNSAFE**

☐ **NEAR MISS INCIDENT**

☐ **STOP WORK AUTHORITY**

Housekeeping

Pinch Points

Fall Hazard

Equipment

Material Handling

PPE

Chemicals

Tools

Environmental

Other

Observation

Was Feedback Given:

Observer: _____

Date of Observation: _____