INTERWEST
INSURANCE SERVICES, LLC

Crew Leader Short Form Daily

Your Name: ______________________ Location: ______________________

Date	Activity	Employee(s)	Topic & Detail/Description
	☐ Behavior ☐ See & Fix ☐ OJT		
	☐ Behavior ☐ See & Fix ☐ OJT		
	☐ Behavior ☐ See & Fix ☐ OJT		
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	☐ Behavior ☐ See & Fix ☐ OJT		
Safety Behaviors – (1) Pace of work (2) Focus (3) Body Position (4) Safe Lifting (5) Slip/Trip Awareness (6) PPE (7) Other			
OJT Topics – Topics added as indicated by work tasks			

INTERWEST
INSURANCE SERVICES, LLC

Department Manager's Monthly Short Form

Your Name _____ Date Submitted _____

Crew Leader Safety Activity Checklist (review each crew leader twice/month)		
Crew Leader Name	Assessment	Date Feedback Given
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	

Safety Observation and Feedback		
Date	Job Process or Employee(s)	Assessment & Immediate Feedback
Date	Job Process or Employee(s)	Assessment & Immediate Feedback
Date	Job Process or Employee(s)	Assessment & Immediate Feedback

INTERWEST
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Safety Manager's Monthly Short Form

Your Name: _____ Date Submitted: _____

Safety Activity Checklists Level 1 and 2	
Were all checklists completed and submitted as required?	☐ Yes ☐ No
If no, detail why not and describe any corrective action taken – use back of form as necessary	
Assess overall quality of checklists. Note where training/improvement may be indicated –- use back of form as necessary	

Describe feedback and support given to any MS 1 & 2 form fillers - use back of form as necessary		
Name	Form Level	Feedback/Support

Describe any safety feedback and support activities with line employees - use back of form as necessary		
Date	Employee	Details

INTERWEST
INSURANCE SERVICES, LLC

Crew Leader Daily

Your Name:_____ Location: _____

Date	Activity	Employee(s)	Topic & Detail/Description
	☐ Conversation ☐ See & Fix ☐ OJT		
	☐ Conversation ☐ See & Fix ☐ OJT		
	☐ Conversation ☐ See & Fix ☐ OJT		
	☐ Conversation ☐ See & Fix ☐ OJT		
	☐ Conversation ☐ See & Fix ☐ OJT		
	☐ Conversation ☐ See & Fix ☐ OJT		
	☐ Conversation ☐ See & Fix ☐ OJT		
Safety Topics – (1) Pace of work (2) Focus (3) Body Position (4) Safe Lifting (Slip/Trip/Fall Awareness (5) Other			

Work Station-Work Process Observation/Assessment/Fix – Once A Week (Use other side of sheet if necessary)		
Date	Condition Description	Assessment/Fix/Action Detail
Fixes (Circle all that apply) -- (1) Reaches (2) Lifting (3) Postures (4) Repetition (5) Equipment hazards (6) Slip/Trip/Fall (6) Other workers (7) PPE (8) Chemicals (9) Other		

On-The-Job Training – As Needed		
Date	Employee Name(s)	Topic# and Brief Detail or attach outline
Date	Employee Name(s)	Topic# and Brief Detail or attach outline
OJT Trigger (1) New Employee (2) New Job Assignment (3) New Hazard New Equipment/Tool (4) Non-Routine Task (5) High heat (6) Other		

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Department Manager Monthly - 1

Completed By _____ DateSubmitted _____

Safety Activity Checklist Level 1 Review		
Crew Leader Name	Assessment	Date Feedback Given
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	
	☐ Excellent ☐ Good ☐ Needs Work	

Safety Observation and Feedback		
Date	Job Process or Employee(s)	Assessment & Immediate Feedback
Date	Job Process or Employee(s)	Assessment & Immediate Feedback

Scheduled Safety Training		
Date	Trainer	Topic (attach training outline)
Date	Trainer	Topic (attach training outline)

Scheduled Inspection		
Date	Inspector	Location (attach completed checklist)

Injury/Close Calls	
Were any injuries or close calls reported? ☐ Yes ☐ No	If yes, attach completed investigation including recommendations for prevention of recurrence.

Best Safety Suggestion	Suggested By	Action Taken

Safety Manager Monthly Checklist

Your Name: _____ Date Submitted: _____

Safety Activity Checklists Level 1 and 2	
Were all checklists completed and submitted as required?	☐ Yes ☐ No
If no, detail why not and describe any corrective action taken – use back of form as necessary	
Assess overall quality of checklists. Note where training/improvement may be indicated –- use back of form as necessary	

Describe feedback and support given to any MS 1 & 2 form fillers - use back of form as necessary		
Name	Form Level	Feedback/Support

Describe any safety feedback and support activities with line employees - use back of form as necessary		
Date	Employee	Details

Safety Training – was training completed as required for following:	
Safety training for supervisors	☐ Yes ☐ No ☐ N/A
New employees (both general and specific hazard training)	☐ Yes ☐ No ☐ N/A
Employees assigned to new jobs	☐ Yes ☐ No ☐ N/A
Any new equipment, tools or identified hazards	☐ Yes ☐ No ☐ N/A
Regularly scheduled safety training	☐ Yes ☐ No ☐ N/A

Safety Inspections Conducted – list any safety inspections conducted-		
Date	Inspections/Locations	Documentation Attached
		☐ Yes ☐ No

Injury Investigation	
All incidents/injuries were investigated and recommendations made for prevention of future occurrences?	☐ Yes ☐ No ☐ N/A