INTERWEST
INSURANCE SERVICES, LLC

Crew Leader Short Form Daily

SA-1.0

Your Name: _____ Location: _____

Directions --

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

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Crew Leader Daily

SA-1.1

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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

SA-2.1

Completed By _____ Date _____

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

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Department Manager Monthly – 2

SA-2.2

Your Name: _____ Location: _____

Description	Employee(s)	Topic	Date Completed
Document six (6) on-the-job safety conversations during the course of the month. Reinforce safe behaviors and correct unsafe behaviors.			

Tailgate Training Topic	Date of Training	Trainer	Outline & Signatures Attached

Activity	Directions	Were there any of the following during the month?	If yes, was training completed and submitted or attached?
Ongoing training documentation	Safety training must be provided for these noted triggers. Make sure you stay current and provide documentation to HR.	New jobs assigned -- No ☐ Yes ☐ New hazards -- No ☐ Yes ☐ New equipment -- No ☐ Yes ☐ New processes -- No ☐ Yes ☐ New procedures -- No ☐ Yes ☐	No ☐ Yes ☐ N/A ☐

Injuries?	Safety Projects
Were there any injuries in your department during the month? No ☐ Yes ☐ If yes, was an investigation completed for each accident? Yes ☐ No ☐ If yes, attach. If no, assure completion.	Safety Projects Update:

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Safety Manager Monthly Checklist

SA-3.0

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