



Observation of Work Practices - General

Employee Classification based on duration of Postal Employment (Check one box)		
<input type="checkbox"/> 1. Non-Career	<input type="checkbox"/> 2. 0-3 months (probationary)	<input type="checkbox"/> 3. 4-23 months
Name of Employee		Date of Observation
Location of Observation		Time of Observation From: _____ To: _____
Sta/Br/Ofc		Task Observed

Observer: During the course of this observation you are to mark (✓) which activities observed, ○ if Yes, □ if No. The observation is to be reviewed with the employee immediately upon completion.

Yes	No	EQUIPMENT USAGE
<input type="radio"/>	<input type="checkbox"/>	B1 Uses restraining bars or locks on APCs/OTRs
<input type="radio"/>	<input type="checkbox"/>	B2 Red tags defective equipment
<input type="radio"/>	<input type="checkbox"/>	B3 Keeps from loading hard plastic trays over 20 lbs.
<input type="radio"/>	<input type="checkbox"/>	B4 Loads sacks within weight limits
<input type="radio"/>	<input type="checkbox"/>	B5 Keeps from overloading mail transport equipment
<input type="radio"/>	<input type="checkbox"/>	B6 Sets brake on APC/OTR when stationary
<input type="radio"/>	<input type="checkbox"/>	B7 Lowers shelves/secures gates with "S" hook before moving APC
<input type="radio"/>	<input type="checkbox"/>	B8 Uses false bottoms in 1046 hampers when appropriate

Yes	No	EQUIPMENT MOVEMENT
<input type="radio"/>	<input type="checkbox"/>	B9 Pushes instead of pulls
<input type="radio"/>	<input type="checkbox"/>	B10 Pushes one piece of equipment at a time
<input type="radio"/>	<input type="checkbox"/>	B11 Controls equipment until it stops moving
<input type="radio"/>	<input type="checkbox"/>	B12 Removes headphones when moving
<input type="radio"/>	<input type="checkbox"/>	B13 Watches where he/she is going

Yes	No	LIFTING
<input type="radio"/>	<input type="checkbox"/>	B14 Lifts with legs, back straight
<input type="radio"/>	<input type="checkbox"/>	B15 Asks for assistance with heavy pieces
<input type="radio"/>	<input type="checkbox"/>	B16 Avoids twisting while moving object

Yes	No	PERSONAL CARE
<input type="radio"/>	<input type="checkbox"/>	B17 Does not jump, stand, ride over or on equipment, unless equipment is designed for that use
<input type="radio"/>	<input type="checkbox"/>	B18 Is aware of objects/people around work area
<input type="radio"/>	<input type="checkbox"/>	B19 Does not throw objects except in approved mail processing procedures
<input type="radio"/>	<input type="checkbox"/>	B20 Does not jump off the loading dock - uses stairs or ramp

Yes	No	RETAIL SERVICES
<input type="radio"/>	<input type="checkbox"/>	B21 Removes cash drawer using arms and legs – keeps back straight and avoids twisting
<input type="radio"/>	<input type="checkbox"/>	B22 Unplugs equipment before attempting repair/replacement
<input type="radio"/>	<input type="checkbox"/>	B23 Keeps cabinets and drawers closed when not in use
<input type="radio"/>	<input type="checkbox"/>	B24 Closes safe doors with palms, not fingers
<input type="radio"/>	<input type="checkbox"/>	B25 Aisle is clear before depositing mail behind screen line
<input type="radio"/>	<input type="checkbox"/>	B26 Does not allow children to be set up on counter

Yes	No	REST BAR
<input type="radio"/>	<input type="checkbox"/>	B27 Seat is properly tilted and uses proper posture
<input type="radio"/>	<input type="checkbox"/>	B28 Keeps one foot on floor/base
<input type="radio"/>	<input type="checkbox"/>	B29 Stores properly

Yes	No	HOUSEKEEPING
<input type="radio"/>	<input type="checkbox"/>	B30 Puts empty sacks or trays in proper place
<input type="radio"/>	<input type="checkbox"/>	B31 Picks up articles and trash lying on floor
<input type="radio"/>	<input type="checkbox"/>	B32 Places trash in proper receptacles as provided
<input type="radio"/>	<input type="checkbox"/>	B33 Keeps case tops clear of objects

Yes	No	EMERGENCY PREPAREDNESS
<input type="radio"/>	<input type="checkbox"/>	B34 Keeps aisles unblocked (at least 28 inches clearance)
<input type="radio"/>	<input type="checkbox"/>	B35 Keeps exits unblocked
<input type="radio"/>	<input type="checkbox"/>	B36 Keeps fire extinguishers unblocked
<input type="radio"/>	<input type="checkbox"/>	B37 Keeps electrical panels unblocked
<input type="radio"/>	<input type="checkbox"/>	B38 Keeps fire alarms unblocked

Yes	No	CLOTHING
<input type="radio"/>	<input type="checkbox"/>	B39 Wears proper shoes
<input type="radio"/>	<input type="checkbox"/>	B40 Hair is tied back or confined while around machinery
<input type="radio"/>	<input type="checkbox"/>	B41 Does not wear loose clothing or jewelry around moving machinery
<input type="radio"/>	<input type="checkbox"/>	B42 Wears only nitrile gloves, when working around machinery/automation

Yes	No	MAINTENANCE/CUSTODIAL
<input type="radio"/>	<input type="checkbox"/>	B43 Stores tool/supplies when finished with task
<input type="radio"/>	<input type="checkbox"/>	B44 Places hazard signs up when washing or waxing floors
<input type="radio"/>	<input type="checkbox"/>	B45 Uses appropriate personal protective equipment (PPE)
<input type="radio"/>	<input type="checkbox"/>	B46 Uses Lockout properly

Yes	No	MISCELLANEOUS
<input type="radio"/>	<input type="checkbox"/>	B47 Smokes only in designated area
<input type="radio"/>	<input type="checkbox"/>	B48 Uses correct entry and/or exit door

<input type="radio"/>	<input type="checkbox"/>	B49 Safe work practices were demonstrated
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Yes	No	SAFE WORK PRACTICE RECOGNITION
<input type="radio"/>	<input type="checkbox"/>	

<input type="radio"/>	<input type="checkbox"/>	B50 Unsafe practices, behaviors or acts were observed
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Yes	No	WORK PRACTICES TO BE IMPROVED
<input type="radio"/>	<input type="checkbox"/>	

Discussed with employee on:

OBSERVER'S SIGNATURE/DATE

Observer's Name:

Observer's Signature:

Date: _____ Retention: 4 years

Instructions

This form, when used correctly, can aid in the elimination of work practices which cause accidents. All work practices needing improvement and noted below should be discussed with the employee as soon as possible after the observation. Because the primary purpose of conducting observations is to improve work practices before they result in accidents, discussions with employees must be positive in nature and include the benefits to be gained from improving work practices.

Discuss all work practices observed and noted with the employee as soon as possible after the observation. Because the primary purpose of conducting work observations is to improve work practices before they result in accidents, conduct positive discussion with employees and include the benefits to be gained from demonstrating safe work practices. a work practice observation is determined to require official action, such action will be in accordance with the terms of the National Agreements.

To enforce a high standard of safe work performance, the following number of work practice observations must be completed:

Non career:	One per quarter
Probationary (0-3 months)	30, 60, 80 day evaluations
Employees with 4-23 months postal experience:	One per quarter
Employees with 2 years plus postal experience:	Twice per year

File this form at the Observation Post Office in date order.