



# HAVERSTICK-BORTHWICK CO.

## (PSO) Positive Safety Observation

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Observation:**

Injury Prevention

Accident Prevention

PPE Reminder

Improved/ Safer Work Process

Other: \_\_\_\_\_

**Description: (Describe the situation and potential for problem)**

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**Action Taken: (What action did you take to help the situation)**

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Submitted by: \_\_\_\_\_