**QUARTERLY EXECUTIVE SAFETY TOUR AND INTERACTIONS**

**Safety Tour** (check all that occurred): **Condition of Work Stations** (check if good):

* General Housekeeping
* Hazard Signage
* Procedures or controls in use
* PPE requirements posted
* Use of Personal Protective Equipment
* First Aid Kit(s) in place
* Emergency Equipment in place
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* Office
* Shop
* Shipping/Receiving
* Yard
* Field site

***Concerns / Compliments /*** ***Comments:***

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**Safety Interactions** (list the number of interactions completed and any comments given to or received by workers that require action or follow-up).

Number of Safety Interactions completed with workers during this tour:

***Comments:***

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| --- |
|  |

Date: Facility:

Executive’s Name: Signature: