



Observation of Work Practices - Delivery Services

| | | |
|---|---|--|
| 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 |
| | | <input type="checkbox"/> 4. 2 years plus |
| Name of Employee | Sta/Br/Ofc | Date of Observation |
| Location of Observation | Task Observed | Time of Observation From: _____ To: _____ |

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 | IN THE OFFICE & WHEN LOADING VEHICLE |
|-----------------------|--------------------------|---|
| <input type="radio"/> | <input type="checkbox"/> | S1 Avoids awkward positions or overextended reach |
| <input type="radio"/> | <input type="checkbox"/> | S2 Avoids holding too many letters/flats in hand |
| <input type="radio"/> | <input type="checkbox"/> | S3 Case area kept neat/orderly |
| <input type="radio"/> | <input type="checkbox"/> | S4 Stacks trays & tubs neatly |
| <input type="radio"/> | <input type="checkbox"/> | S5 Avoids loading hard plastic trays greater than 20 lbs. |
| <input type="radio"/> | <input type="checkbox"/> | S6 Secures parcels and heavy objects in vehicle |
| <input type="radio"/> | <input type="checkbox"/> | S7 Attaches keys to belt or clothing |
| <input type="radio"/> | <input type="checkbox"/> | S8 Pushes equipment rather than pulling it |
| <input type="radio"/> | <input type="checkbox"/> | S9 Keeps vehicle free of debris |
| <input type="radio"/> | <input type="checkbox"/> | S10 Performs vehicle inspection |

| Yes | No | PERSONAL FACTORS |
|-----------------------|--------------------------|---|
| <input type="radio"/> | <input type="checkbox"/> | S11 Dresses in uniform, as applicable, suited for climate |
| <input type="radio"/> | <input type="checkbox"/> | S12 Follows headphone/cell phone policy (EL-801) |
| <input type="radio"/> | <input type="checkbox"/> | S13 Carries sufficient liquids during excessive heat |

| Yes | No | SLIP/TRIP/FALL AVOIDANCE |
|-----------------------|--------------------------|--|
| <input type="radio"/> | <input type="checkbox"/> | S14 Wears proper footwear, in good condition |
| <input type="radio"/> | <input type="checkbox"/> | S15 Maintains a steady pace and does not run |
| <input type="radio"/> | <input type="checkbox"/> | S16 Is alert to changes in delivery area |
| <input type="radio"/> | <input type="checkbox"/> | S17 Avoids unsafe shortcuts |
| <input type="radio"/> | <input type="checkbox"/> | S18 Uses hand rails on stairs and ramps |
| <input type="radio"/> | <input type="checkbox"/> | S19 Watches where she/he is going |
| <input type="radio"/> | <input type="checkbox"/> | S20 Fingers mail only when safe to do so |
| <input type="radio"/> | <input type="checkbox"/> | S21 Reports route hazards, to supervisor (PS Form 1767 or other) |
| <input type="radio"/> | <input type="checkbox"/> | S22 Cases Hazard Warning cards with mail |

| Yes | No | LIFTING PROCEDURES |
|-----------------------|--------------------------|--|
| <input type="radio"/> | <input type="checkbox"/> | S23 Lifts with legs, back straight |
| <input type="radio"/> | <input type="checkbox"/> | S24 Asks for assistance with heavy pieces |
| <input type="radio"/> | <input type="checkbox"/> | S25 Moves feet to avoid twisting when changing direction |
| <input type="radio"/> | <input type="checkbox"/> | S26 Avoids overloading satchel |
| <input type="radio"/> | <input type="checkbox"/> | S27 Transfers load safely in vehicle, uses mail hook, if available |
| <input type="radio"/> | <input type="checkbox"/> | S28 Loads/unloads mail into/from hampers safely |

| Yes | No | CONDITION OF BOXES |
|-----------------------|--------------------------|--|
| <input type="radio"/> | <input type="checkbox"/> | S29 Reports NDCBU, collection boxes, relay boxes & parcel lockers that are in disrepair or not securely anchored |
| <input type="radio"/> | <input type="checkbox"/> | S30 Reports street/apartment mail boxes that are not in good repair or not securely anchored |

| Yes | No | SECURITY, PARKED VEHICLE |
|-----------------------|--------------------------|--|
| <input type="radio"/> | <input type="checkbox"/> | S31 Closes and locks vehicle doors and windows |
| <input type="radio"/> | <input type="checkbox"/> | S32 Closes security door between cab and cargo bay |

| Yes | No | DOG BITE PREVENTION |
|-----------------------|--------------------------|---|
| <input type="radio"/> | <input type="checkbox"/> | S33 Cases Dog Warning cards with mail |
| <input type="radio"/> | <input type="checkbox"/> | S34 Wears satchel and has dog spray within reach and usable |
| <input type="radio"/> | <input type="checkbox"/> | S35 Rattles gate before entering an enclosed area |
| <input type="radio"/> | <input type="checkbox"/> | S36 Places foot at base of doors that open outwards to prevent dogs rushing out |
| <input type="radio"/> | <input type="checkbox"/> | S37 Withholds mail delivery when dog is loose |
| <input type="radio"/> | <input type="checkbox"/> | S38 Reports dog interference to supervisor |
| Yes | No | ROUTE INSTRUCTIONS |
| <input type="radio"/> | <input type="checkbox"/> | S39 Uses designated lunch and break locations, as applicable |
| <input type="radio"/> | <input type="checkbox"/> | S40 Uses designated park points |
| <input type="radio"/> | <input type="checkbox"/> | S41 Uses approved line of travel to, on, and from route |

| Yes | No | SAFE WORK PRACTICE RECOGNITION |
|-----------------------|--------------------------|---|
| <input type="radio"/> | <input type="checkbox"/> | S42 Safe work practices were demonstrated |

| Yes | No | WORK PRACTICES TO BE IMPROVED |
|-----------------------|--------------------------|--|
| <input type="radio"/> | <input type="checkbox"/> | S43 Unsafe work practices, behaviors or acts were observed |

| 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 identifying and eliminating work practices which could lead to accidents and injuries. Also, this form provides an opportunity for positive recognition and reinforcement of safe work practices. (Note: You must observe the employee's work practices for five minutes to satisfy the minimum expectations for performing a work practice observation.

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.