

	<b>STANDARD CHECKLIST</b>	Document ID	TNCL-OHS-CHK-0007
		Document owner	OHS Manager
	<b>VISIBLE FELT LEADERSHIP CHECKLIST</b>	Revision	04
		Approval Date	14 <sup>th</sup> October 2025

VISIBLE FELT LEADERSHIP OBSERVATION ORIGINATOR:      Individual VFL       Group VFL

Date:		Time:		Location:	
Site:		Department:			

S/N	Name:	ID	Company	Department	Role	Signature
1						
2						
3						
4						
5						

**OBSERVED INDIVIDUAL OR TEAM DETAILS:**

Individual       Team

S/N	Name:	ID	Company	Department	Task Performed
1					

OBSERVATION BASED ON:							
Procedure		Process		Environmental		Health	
Equipment		Machinery		Tools		Task	
At-risk behaviour		At-risk condition		Safe behaviors		Safe Condition	

INTERACTION			INTERVENTION		
1	Greet the team/employee, introduce yourself if unknown to the team/employee		1	Stop the activity in a safe manner	
2	Understand the work being done		2	Greet the team/employee, introduce yourself if unknown to the team/employee	
3	Discuss the safety aspect of the job, review their HIRA		3	Ask the employee or team of any unsafe acts or conditions in their activity	
4	Ask the team/employee for the safety improvement suggestion		4	If they can't point out the unsafe act or condition, ask for the HIRA that they conducted	
5	Get commitment from the team /employee to continue working safety without being watched		5	Review the HIRA with the team /employee indicating unsafe acts or conditions observed by you and get the team/employee agreement that it is unsafe.	
6	Thank the team/employee and give commendations for the job well done		6	Get the team/employee to tell you how they are going to deal with unsafe acts or condition observed	
			7	If not satisfied with the respond, give safety tips and coaching to the team/employee to do the job safely	
			8	If you are satisfied with your response, thank the team/employee and get commitment from the team/employee to work in future.	



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<p><b>Environmental</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Guards and Barriers</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Housekeeping</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Tools And Equipment</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Workplace Design</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Appropriate Permits</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>FLRA Quality</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Safe Work Practices Followed</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Following Standard Operating Procedures</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p>	<p><b>Good attitude to work and workplace.</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe</p> <p><b>Good housekeeping attitude</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Positions (ergonomics/bystanders)</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Recognizes the need to change unsafe behaviours.</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Understand emergency procedures.</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Using correct PPE</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Using tools and equipment properly</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Worker updates FLRA with bystanders</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p> <p><b>Workers take immediate action to correct substandard condition or behaviors.</b>  <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> NA</p>
<p><b>Photos (If any)</b></p>	<p><b>Photos (if any)</b></p>

**Comments**

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**(For findings that require actions)**

Is further action required:	Yes		NO	
Target date:	<b>To be discussed as per action with the responsible person</b>			
Person to ensure action closeout:				
Originator Signature:		Observed Signature:		