

Safety Observations for Awareness and Risk-Reduction (SOAR)

Facility/Area:	Distrib/T1	<input type="checkbox"/>	BOF	<input type="checkbox"/>	MHF	<input type="checkbox"/>
	EMF	<input type="checkbox"/>	LAW	<input type="checkbox"/>	T52/Warehouse	<input type="checkbox"/>

What did you observe?

What improvements would you make regarding your observation(s)?

Outcome
(to be completed by an AST representative)

We are a learning organization and appreciate your feedback and ideas.

Please provide your contact information. Why is this important? We want to ensure that we keep open lines of communication on how we are working on your behalf.

Name: _____

Badge Number: _____

Work Number: _____

Work Email: _____

