

Railway GOI Compliance Review

GENERAL INFORMATION			
Name and Position of the Person Observed		Date:	Time:
CONDITIONS AND EQUIPMENT			
Weather Conditions			
Clear <input type="checkbox"/>	Cloudy <input type="checkbox"/>	Fog <input type="checkbox"/>	Rain <input type="checkbox"/> Snow <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/>
Personal Protective Equipment			
Hard Hat <input type="checkbox"/>	Safety Glasses <input type="checkbox"/>	Hearing Protection <input type="checkbox"/>	Safety Boots <input type="checkbox"/> Gloves <input type="checkbox"/>
GENERAL OPERATING INSTRUCTION (GOI)			
Instruction to be observed:			
Observation made:		Observation Made By:	
Outcome:			
Managers Signature:	Employee Signature:	Date:	
<i>Note: Compliance reviews are to be retained on file for a minimum period of one year</i>			