

Toolbox Talk - 4.07.2023 - Safety Violation Form

Safety Violation Form

Violator's Name: _____ Date: _____

Site Superintendent: _____ Jobsite: _____ Time: _____

Incident Information

Safety Infraction: _____ **Seriousness Scale:** 1 2 3
4 5

Violation Description (Who? What? Where? Why?):

Witness Statement (if applicable)

Previous Offenses of Same or Similar:

1st Offense Previous Offense Date: _____

2nd Offense Previous Offense Date: _____

3rd Offense

Penalty Recommendations:

Verbal Coaching *(no employee signature needed)*

Verbal Warning

Written Warning

Days Suspension (must be reviewed by HR)

Termination *(must be reviewed by HR)*

Formal company progressive disciplinary forms required with HR approval.

Corrective Training Required: **Yes** **No**

The following immediate and sustained corrective action must be taken by the employee to improved needed conduct. Failure to do so will result in further disciplinary action up to and including termination.

A copy of this written warning will be placed in your official personnel file. This conversation is confidential.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Safety Specialist Signature: _____ Date: _____

Human Resources (Reviewed by): _____ Date: _____

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Created 30 April 2023 17:37:39 by Melissa Rozmarynowski

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