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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