



EMPLOYEE SAFETY HAZARD VIOLATION



Employee's Name _____

Job # _____ Job Location _____

Date of Violation _____ Time of Violation _____

Brief Description _____

Employee Comments _____

Type of Violation: _____ Other Than Serious _____ Serious _____ Imminent Danger

Action: _____ Verbal Warning _____ Written Warning _____ Suspension

_____ Suspension Days without Pay _____ Termination

Other than Serious Hazard Disciplinary Action:

- 1st Offense - Verbal warning
- 2nd Offense - Employee will be written up
- 3rd Offense - Employee will be written up and suspended up to 5 days without Pay
- 4th Offense - Termination

Employee's Signature _____

Supervisors Signature _____