



AHMED OMER TRADING AND CONTRACTING EST. W.L.L.

HEALTH, SAFETY & ENVIRONMENT VIOLATION

AOTC-HSE-SF-032

Project Name	ALNASEEM GATED COMMUNITY ASSET B-13 PHASE 3			Date of Issuance	
Violator Name		CPR		Date of violation	
Company		Trade		Time of violation	
Location					
Activity involved in					

The purpose of this notice is to provide you with an opportunity to correct the conduct that led to the issuance of this warning. If this conduct is repeated, or if you involved in any other HSE infraction, you may be subject to further disciplinary action, up to and including dismissal.

TYPE OF VIOLATION ON AOC POLICY, SAFETY RULES, REGULATIONS AND / OR PRACTICES:

<input type="checkbox"/> Working without permit <input type="checkbox"/> Operating equipment without permission. <input type="checkbox"/> Failure to warn. <input type="checkbox"/> Failure to secure. <input type="checkbox"/> Failure to lockout. <input type="checkbox"/> Operating outside designated perimeter. <input type="checkbox"/> Bypass safety device <input type="checkbox"/> Remove safety device <input type="checkbox"/> Abuse or misuse <input type="checkbox"/> Obstruct access / exits <input type="checkbox"/> Using defective equipment or tools <input type="checkbox"/> Careless for fire prevention	<input type="checkbox"/> Improper use of equipment / tools <input type="checkbox"/> Unsafe transport or lifting equipment <input type="checkbox"/> Improper guarding <input type="checkbox"/> Failure to use PPE or improper use <input type="checkbox"/> Improper lifting / loading / unloading <input type="checkbox"/> Improper placement <input type="checkbox"/> Unsafe working at height <input type="checkbox"/> Reckless or dangerous driving <input type="checkbox"/> Causing spill of fuel, or hazardous materials <input type="checkbox"/> Unsafe position or awkward posture <input type="checkbox"/> Improper maintenance <input type="checkbox"/> Horseplay	<input type="checkbox"/> Under influence of alcohol or drug <input type="checkbox"/> Improper instruction <input type="checkbox"/> Improper dress / attire <input type="checkbox"/> Not following instruction or procedure <input type="checkbox"/> Misdemeanor / Misconduct <input type="checkbox"/> Physical violence / Verbal assault <input type="checkbox"/> Smoking in a no-smoking area <input type="checkbox"/> Discourtesy / Dishonesty <input type="checkbox"/> COVID violations <input type="checkbox"/> Insubordination to safety instruction <input type="checkbox"/> Others
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Please note that further to the issuance of three (3) safety violation warning notices may cause to termination of duty assignment and / or contract depending to the gravity of the infraction. Consider this warning notice to be your:

<input type="checkbox"/> First offence	<input type="checkbox"/> Second offence	<input type="checkbox"/> Third offence
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CONSEQUENCE BASE ON GRAVITY / HSE RECOMMENDATION

<input type="checkbox"/> Counselling	<input type="checkbox"/> Written reprimand	<input type="checkbox"/> Salary deduction	<input type="checkbox"/> Suspension for []	<input type="checkbox"/> Dismissal
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DESCRIPTION OF THE INFRACTION:

POSITIVE CORRECTIVE ACTIONS:

Acknowledgment: I understand that the safety rules and practices are necessary to reduce accidents and injuries on the job. Safe behavior on the job not only protects me, but others as well. I have read and understand and/or properly explained by my supervisor what's declared on this safety violation letter. By signing this safety violation notice, I agree to all statement and I don't have any dispute. It is also understood that my employer, by law, may impose disciplinary procedures.

You have the right to have any assistance of your choice and contest through writing within 24 hours of issuance of this violation in case of any dispute regarding the above stated infraction. Refusing to sign indicates that you were not agreeing the above statement. Your performance will be closely evaluated and any failure to correct this behavior will result in further corrective action, up to and including termination.

PARTICULAR TO	NAME	DESIGNATION	SIGNATURE	DATE
Noticed Person				
Supervisor/Foreman/Engineer				
ISSUED BY (Form to be maintained in the HSE Dept.)				
HSE Personnel				
NOTED BY				
Site Management				