

## **Safety Violation**

Employee Name:	Job Title:
Superintendent Name:	Date of Violation:
☐ 1 <sup>st</sup> Offence ☐ 2 <sup>nd</sup> Offence ☐ 3 <sup>rd</sup> Offence	
☐ Counseling/Retraining ☐ Written Repri	mand Suspension Termination
The above-named employee was contacted today regarding the following safety violation:	
The employee's explanation of their behavior is the following:	
I (the employee) understand that safety rules and practices are necessary to reduce accidents and injuries on the job. Safe behavior on the job not only protects me, but my fellow workers as well. it is also understood that my employer, by law, must impose disciplinary procedures, which could include termination.	
	Date:
This form is to be filled out by the manager/supervisor and the employee. The form will be maintained in the employee's personnel file for two years.	
Supervisor Signature:	Date: