

NOTICE OF HEALTH & SAFETY NON-COMPLIANCE

GENERAL INFORMATION

Name: _____ Employer: _____
Work Location: _____ Project Number: _____
Date of Violation: _____ Date of this Notice: _____

DESCRIPTION OF NON-COMPLIANCE

DESCRIPTION OF DISCIPLINARY ACTION

First Offense – Verbal or Written Warning.
 Second Offense – Written Warning & Possible Suspension.
 Third Offense – Written Warning & Possible Suspension or Termination.
 Willful Violation of Safety Policy, Procedure, or Instruction – Suspension or Termination.

Description of Disciplinary Action: _____

ACKNOWLEDGEMENT

I understand that I have violated published, expressed or implied safety policies, procedures or instructions as described above and I understand the resulting disciplinary action which has been imposed. I acknowledge that future violations of safety policies, procedures or instructions may result in additional disciplinary action and/or termination of employment.

Employee/Subcontractor Signature: _____ Date: _____
Supervisor/Manager Signature: _____ Date: _____

Cc: Employee/Subcontract File, Safety Files