

SAFETY VIOLATION NOTICE

Company Name: _____ Date of Violation: _____
Supervisor Name: _____ Department: _____
Employee Name: _____ Job Title: _____

☐ 1st Offense ☐ 2nd Offense ☐ 3rd Offense

_____ Counseling/Retraining _____ Written Reprimand _____ Suspension _____ Termination

The above named employee was contacted today regarding the following safety violation:

The employee's explanation of his/her 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.

Employee Signature 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