

# Safety Disciplinary Form



<b>Employee Name:</b>			
<b>Job Title:</b>		<b>Date of Warning:</b>	Click or tap to enter a date.
<b>Client Name:</b>		<b>Supervisor Name:</b>	
<b>Location of Violation:</b>		<b>Date/Time of Violation:</b>	Click or tap to enter a date.

Type of Safety Violation		
High 1.Immediate Discharge	Medium 1.Warning or Suspension 2. Discharge	Low 1.Warning 2. Warning or Suspension 3. Discharge
<ul style="list-style-type: none"> <li><input type="checkbox"/> Deliberate violation of any security or safety rules</li> <li><input type="checkbox"/> Deliberate violation of Life Saving Rules</li> <li><input type="checkbox"/> Being intoxicated or under the influence of any controlled substances while at work</li> <li><input type="checkbox"/> Deliberate or reckless misconduct that endangers the life or safety of others</li> <li><input type="checkbox"/> Possession of alcohol or illegal drugs on Company premises</li> <li><input type="checkbox"/> Deliberate destruction or damage to Company property</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Negligence that damages Company property</li> <li><input type="checkbox"/> Negligence that endangers the safety of others</li> <li><input type="checkbox"/> Unintentional safety violations that endanger the safety or health of others</li> <li><input type="checkbox"/> Failure to report conditions that one believes to be unsafe</li> <li><input type="checkbox"/> Failure to exercise Stop Work Authority when a perceived unsafe condition or behavior may put someone in imminent danger or result in an unwanted event</li> <li><input type="checkbox"/> Smoking or eating in unauthorized area</li> <li><input type="checkbox"/> Speeding or unsafe operation of a forklift or any other Company vehicle</li> <li><input type="checkbox"/> Driving a forklift or any other machinery without required approval</li> <li><input type="checkbox"/> Failure to properly record safety information for which one is responsible</li> <li><input type="checkbox"/> Refusal to obey a supervisor's safety instructions</li> <li><input type="checkbox"/> Failure to properly and immediately report any accident or injury</li> <li><input type="checkbox"/> Failure to properly or immediately report any accident involving Company or client equipment</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Violation of personal protective equipment policy that does not result in injury to oneself or others</li> <li><input type="checkbox"/> Poor housekeeping</li> <li><input type="checkbox"/> Failure to participate in group safety meetings</li> <li><input type="checkbox"/> Failure to perform inspections of tools or machinery</li> <li><input type="checkbox"/> Failure to report machine or tool deficiencies</li> <li><input type="checkbox"/> Failure to learn Company safety rules and regulations</li> <li><input type="checkbox"/> Violation of Fleet Vehicle Policy</li> <li><input type="checkbox"/> Other _____</li> </ul>

Motor Vehicle Violations			
Number of Accidents	Post-Accident Immediate Action	Fleet Vehicle Violations	All Other Drivers Violations
First Accident	<ul style="list-style-type: none"> <li>• Post- Accident Drug and Alcohol Testing following all accidents.</li> <li>• Drivers will not return to work until the results are finalized as determined by the Driver's Safety Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Driver involvement in preventable accidents are billed up to \$1000.00 deductible (where applicable)</li> <li>• Post-accident Driver's Safety Training video.</li> <li>• Driver's Safety Committee approval before return to work.</li> </ul>	<ul style="list-style-type: none"> <li>• Post-accident Driver's Safety Instructor-led Training at employee's expense if driver is involved in preventable accidents.</li> <li>• Motor Vehicle Record Check</li> <li>• Driver's Safety Committee will review incident to determine if employee will be allowed to continue operation of a personal vehicle for company use.</li> </ul>
Second Accident		<ul style="list-style-type: none"> <li>• Driver involvement in preventable accidents are billed up to \$1000.00 deductible (where applicable).</li> <li>• 3 to 7 days suspension base on accident severity.</li> <li>• Post-accident Driver's Safety Instructor Lead Training.</li> <li>• Driver's Safety Committee approval before return to work.</li> </ul>	
Third Accident		<ul style="list-style-type: none"> <li>• Billed for up to \$1000.00 deductible</li> <li>• Immediate Discharge</li> </ul>	

Violation Occurrence	Previous Warning
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	<b>1<sup>st</sup> Warning</b> Date: Click or tap to enter a date. Type: <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Written By: _____ <b>2<sup>nd</sup> Warning</b> Date: Click or tap to enter a date. Type: <input type="checkbox"/> Verbal <input type="checkbox"/> Written By: _____ <b>3<sup>rd</sup> Warning</b> Date: Click or tap to enter a date. Type: <input type="checkbox"/> Verbal <input type="checkbox"/> Written By: _____

**Employer Statement:**

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**Employee Statement:**

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**Action to Be Taken:**

Warning     
 Probation     
 Suspension for Choose an item. days.  
 Termination     
 Other \_\_\_\_\_

**Consequence should incident occur again:**

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**You are formally being warned to bring to your attention to the severity of your violation. Failure to demonstrate immediate and sustained improvement in these areas may result in further corrective action, up to and including termination. By signing the below, you acknowledge that you have received this notice.**

<b>Employee Signature:</b>	<b>Date:</b>
<b>Supervisor/Account Manager Signature:</b>	<b>Date:</b>