Safety violation write-up form

Employee name: _____

Job title: _____

Site or job number: _____

Supervisor: _____

Date and time of violation: _____

Violation

☐ PPE not worn ☐ Lockout / tagout ☐ Equipment or vehicle ☐ Fall protection ☐ Housekeeping or blocked exit

☐ Unsafe lifting ☐ Chemical handling ☐ Skipped inspection ☐ Horseplay ☐ Other

What happened (facts): _____

(continued): _____

Safety rule or procedure: _____

Anyone hurt or near miss? (describe): _____

Immediate action taken

☐ Work stopped ☐ Hazard corrected ☐ Equipment tagged out ☐ Incident report filed

Discipline and retraining

☐ Documented coaching ☐ Written warning ☐ Final warning ☐ Suspension ☐ Termination

Retraining required (topic, date, trainer):

_____

Next step if repeated: _____

My signature confirms that this write-up was discussed with me and that I received a copy. It does not mean I agree. I may attach a written response.

_____ _____

Employee signature Date

_____ _____

Supervisor signature Date

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