

## Safe Work Practices / Procedures / Instruction

## **Safety Violation Report**

PROJECT:		DATE:		
ADDRESS:		SUPERINTENDENT:		
The following individual(s), Tra	ade or Contractor have I	peen found in violation	of the Company He	alth and Safety Program.
Employer:		Supervisor:		
\ddress:		City: Phone:		e:
Employee(s) Involved:				
VIOLATION: Is this a rep	peat offence of a previ	ous violation?	Yes 🗌 No	* Check all that apply
Minor Violation: 1st Offence	- verbal warning	2 <sup>nd</sup> offence – written	warning 3 <sup>rd</sup>	offence – <b>Action required</b>
<b>Major Violation:</b> 1 <sup>st</sup> Offence	– written warning	2 <sup>nd</sup> offence – <b>Action</b>	n required	(see definitions below)
Verbal Warning (Date)	Written Warning (Date)	Suspension (Date)	Fine(s) (Amount)	Banned (Date)
Description / Location of Occu	rrence(s) (Please indica	ate Policy and/or Regulat	tion reference section n	umber where possible)
Major Violation: Definition: Any infra		_		ntial to cause serious damage or injury. se serious damage or injury.
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