

Company Name \_\_\_\_\_

## Notice of Safety Violation

Name of Sub-Contractor \_\_\_\_\_ Date \_\_\_\_\_

### Description of Safety Violation

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### Corrective Action

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Date of Abatement \_\_\_\_\_

### List of Any Special Actions During Abatement

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\_\_\_\_\_  
Foreman/Supervisor/Superintendent in violation

\_\_\_\_\_  
Date

It is the responsibility of the Foreman/Supervisor/Superintendent to notify all his/her employees of this notice of violation.

\_\_\_\_\_  
Superintendent of General Contractor

\_\_\_\_\_  
Date

CC:

Foreman in violation

Company Owner in violation

Project Manager

Other:



**INCIDENT NOTIFICATION**

This form must be completed when an employee has been involved in an accident during work hours that might require medical treatment.

DATE OF INCIDENT \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_  
(print)

**EXPLANATION OF INCIDENT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_ I do feel that medical treatment is necessary at this time.  
Initial

\_\_\_\_\_ I do not feel that medical treatment is necessary at this time.  
Initial

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

**INJURY AND ILLNESS PREVENTION PROGRAM  
VIOLATION WARNING NOTICE**

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

1st Violation                       2nd Violation                       3rd Violation

You are hereby warned and have been counseled on:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disciplinary action taken:

\_\_\_\_\_  
\_\_\_\_\_

Issued by: \_\_\_\_\_  
Supervisor

Reviewed by: \_\_\_\_\_  
Director of Safety

I agree to comply with the safety procedures as discussed and outlined above.

\_\_\_\_\_  
Date    Employee Signature

This employee speaks Spanish only. I have translated this and explained fully.

\_\_\_\_\_  
Date    Director of Safety

The following disciplinary actions may be taken:

1. The employee will be removed from the hazardous exposure and required to discuss this matter, in detail, with the Supervisor and Manager.
2. The employee will be re-instructed by his Supervisor in the safety procedure which must be followed.
3. The employee must certify in writing that he will comply in the future and understands that termination may result from any further non-compliance.

\*Although the above procedure details disciplinary actions that are possible, each infraction will be taken independently and will result in some kind of disciplinary action, possibly including discharge.

**WATER REPLENISHMENT / SHADE PROCEDURES FORM (4-1-2015)**  
**ABASTECIMIENTO DE AGUA/PROCEDIMIENTOS DE SOMBRA**

Company / Compañía: \_\_\_\_\_

Jobsite Name / Nombre de sitio de trabajo: \_\_\_\_\_

Jobsite Location and Cross Streets / La Ubicación del lugar de trabajo y Cruza las Calles:

\_\_\_\_\_

Person(s) in Charge of Replenishment / El dirigente de abastecimiento: \_\_\_\_\_

Person(s) in Charge of Shade / El dirigente de Sombra: \_\_\_\_\_

Person(s) in Charge of Program / El dirigente de Programa: \_\_\_\_\_

Person(s) in Charge of Calling 911 / El dirigente de llamar al 911: \_\_\_\_\_

Number and location of water containers / Numere y la ubicación de contenedores de agua.

\_\_\_\_\_

What indicators will be used to determine if the water supply requires replenishment? /  
¿ Cuales indicadores seran utilizados para determinar se el abastecimiento de agua requiere  
rellenar?

\_\_\_\_\_

How will the water supply be replenished? / ¿Cómo suministrará el agua es abastecida de nuevo?

\_\_\_\_\_

Type of Shade to be provided and locations / El tipo de Sombra para ser proporcionado y la  
ubicacións:

\_\_\_\_\_

How will the jobsite temperature be monitored? / ¿Cómo será la temperatura se puede controlar?

\_\_\_\_\_

Special Notes and Conditions / Notas y Condiciones especiales:

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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