

DATE RECEIVED: _____

THE CITY OF ANDERSON

SAFETY VIOLATION REPORT FORM

Return completed form to Human Resources

1. EMPLOYEE INFORMATION (person committing the violation)

Name: _____ Phone No.: _____
First MI Last

Department: _____ Position Title: _____

2. INCIDENT DETAILS

Date of Incident: _____ Location of Incident: _____ Time of Incident: _____

Supervisor: _____ Form completed by: _____

Job Title: _____

Witnesses: _____

Description of Incident (Briefly describes task(s) being performed and sequence of events):

Supervisor's Corrective action recommended Please explain:

Division Safety Coordinator's (DSC) corrective action recommended (if different or more than the Supervisor's) Please explain:

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

DIVISION SAFETY COORDINATOR SIGNATURE: _____ **DATE:** _____

DIVISION HEAD SIGNATURE: _____ **DATE:** _____

THIS FORM IS NOT TO BE USED FOR OSHA RECORDABLE INCIDENTS

THIS FORM WILL REMAIN IN EMPLOYEE'S PERSONNEL FILE.

Safety Violation Investigation Procedures

1. The employee's supervisor or Division Safety Coordinator (DSC) completes the "Safety Violation Form", reviews it with the at fault employee and submits it to the Division Head and all others who's signatures are required.
2. DSC discusses the incident with the employee's Division Head.
3. DSC submits a copy to personnel to go in the employee's employment file and keeps a copy for their file.
4. DSC reviews the incident at the next Safety Committee meeting.

Description of Incident (continued)

Supervisor's Corrective action recommended (continued)

Division Safety Coordinator's (DSC) corrective action recommended (continued)
