

**NOTIFICATION OF NON-COMPLIANCE**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Craft:** \_\_\_\_\_

**NATURE OF VIOLATION:**

- |  |  |
|--|--|
| <input type="checkbox"/> Material Handling/Storage | <input type="checkbox"/> Welding/Burning/Grinding      |
| <input type="checkbox"/> PPE                       | <input type="checkbox"/> Electrical/GFCI/Grounding     |
| <input type="checkbox"/> Fall Protection           | <input type="checkbox"/> Steel Erection                |
| <input type="checkbox"/> Fire Protection           | <input type="checkbox"/> PU's/Vehicles                 |
| <input type="checkbox"/> Excavation                | <input type="checkbox"/> Stairways/Ladders/Walkways    |
| <input type="checkbox"/> EQ Operation              | <input type="checkbox"/> Recordkeeping/Posters/Signs   |
| <input type="checkbox"/> Hand/Power Tools          | <input type="checkbox"/> Company Health/Safety Program |
| <input type="checkbox"/> General Safety/Health     | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Scaffolds                 |  |

**SPECIFIC VIOLATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED ACTION:**

- |   |       |
|---|-------|
| <input type="checkbox"/> Verbal Warning             | _____ |
| <input type="checkbox"/> Written Warning            | _____ |
| <input type="checkbox"/> Time Off w/o Pay 1-6 Days  | _____ |
| <input type="checkbox"/> Time Off w/o Pay 7-21 Days | _____ |
| <input type="checkbox"/> Termination                | _____ |

**REQUIRED CORRECTIVE ACTION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
Employee Foreman

\_\_\_\_\_  
Job Superintendent Safety Manager / Director

Copy: Employee      Employee File  
Superintendent  
Safety Director