
TAB 5:

TOOLBOX TALKS

◆ Insert Toolbox Talks

TAB 6:

INJURY & ILLNESS REPORTING &
PREVENTION

6.1 ACCIDENT & INCIDENT INVESTIGATION

Thorough accident investigations will help to determine why accidents occur, where they happen, and any trends that might be developing. Such identification is critical to preventing and controlling hazards and potential accidents. All incidents will be investigated to the appropriate level with regards to incident severity using a root cause analysis process or other similar method.

When an incident occurs, the following sequence of reporting events will be followed:

1. If medical attention is required, call 911 or alert the first responder
2. Alert the supervisor on site
3. Alert all personnel necessary to control further loss
4. Report all fatalities to OSHA within 8 hours of the incident.
5. Report all work-related inpatient hospitalizations, amputations, or losses of an eye to OSHA within 24 hours of the incident.
6. If working at another company's location, report all incidents to the owner client within 24 hours of the incident.

After an incident has occurred, proper actions must be taken to prevent further loss. Proper equipment to assist in conducting an incident investigation will be available to persons responsible for conducting the investigation.

Individual responsibilities for incident investigation must be assigned prior to the occurrence of an incident. Personnel are trained in their roles and responsibilities for incident response and investigation techniques. Employees who are assigned the role of first responder must be trained and qualified in first aid techniques to control the degree of loss during the immediate post-incident phase.

SUPERVISORS

- Provide first aid, call for emergency medical care if required.
- If further medical treatment is required, arrange to have an employer representative accompany the injured employee to the medical facility.
- Secure area, equipment and personnel from injury and further damage.
- Contact Safety Coordinator.

SAFETY COORDINATOR

- Investigate, identify, and document all of the evidence involved with the incident. Collect, preserve, and secure all facts, employee and witness statements; take pictures and physical measurements of incident site and equipment involved.
- Complete an incident investigation report form (see following pages), a detailed narrative, and the necessary workers' compensation paperwork within 24 hours whenever possible.
- Ensure that corrective action to prevent a recurrence is taken, assign responsibilities for corrective actions, and track the corrective actions to closure.
- Discuss incident, where appropriate, in safety and other employee meetings with the intent to prevent a recurrence.
- Discuss incident with the supervisor and other management.

- If the injury warrants time away from work, insure that the absence is authorized by a physician and that you maintain contact with your employee while he/she remains off work.
- Monitor status of employee(s) off work, maintain contact with employee and encourage return to work even if restrictions are imposed by the physician.
- When injured employee(s) return to work they should not be allowed to return to work without “return to work” release forms from the physician. Review the release carefully and ensure that you can accommodate the restrictions, and that the employee follows the restrictions indicated by the physician.

Documentation of the incident is an important step in preventing future occurrences. Gathering facts, witness statements, and taking photos and sketches of the accident site provides a solid base to begin the review process. Once all documentation is gathered and the accident report has been written, management will assess the results, and place any necessary changes to processes into effect to prevent a reoccurrence of similar events. Any lessons learned and changes to processes will be communicated to employees.

6.2 NEAR MISS REPORTING

A near miss is similar to an accident; however, a near miss does not result in an injury or property damage. No matter how trivial they are, near misses should be reported to the supervisor in the same manner as accidents are reported. Reporting near misses in a timely manner can help to determine how to prevent a recurrence that could result in a serious injury.

Nothing is learned from unreported near misses. Hazards, causes and contributing factors are lost if not reported. Employees who don't take the time to report near misses they experience may not learn from them and neither will others who were not involved. The fact that many near misses come within inches of being disabling injury accidents makes failing to report them all the more serious.

Reasons that employees typically do not report near misses:

- Fear of supervisor's disapproval
- Production time
- Desire to not have the near miss documented on the employee's records
- Embarrassment from coworkers' ridicule or sarcasm
- Failure to understand the importance of near miss reporting
- Inability to recognize the damage that could have resulted

Important questions to ask when investigating a near miss include:

- What are the circumstances surrounding the near miss?
- Is there a safety rule covering the situation?
- If so, did the person involved know the rule?
- Were any safety devices or PPE/clothing not used or used incorrectly?
- Have there been other near misses of the same type?
- Was the employee aware of the hazard?
- Did the employee know the safe and proper procedure?

Taking the opportunity to report near misses can mean a much safer and healthier work environment for you and your coworkers and can also mean going home as you came in, in one piece! Employees are required as part of their job duties to report all near misses to their supervisor.

◆ Accident/Incident/Near Miss Report & Investigation Form

1. This form must be used to report any accident, incident, or near miss that has occurred at the workplace. A separate form must be completed by each party involved.
2. The form should be completed by the person involved and immediately forwarded to the supervisor for review and action.
3. The supervisor will complete this form if the involved party is not able to do so.

Incident Details

Location:	Date of incident:
Reported by:	Time of incident:

Description of Incident:

What was the activity at the time of incident? Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"

Explain how the incident occurred and what object directly harmed the employee (if applicable). Examples: "When ladder slipped on wet floor, worker fell 20 feet to a concrete floor"; "Worker was sprayed with chlorine when gasket broke during replacement".

Other Relevant Information (attach photos, sketch of incident scene, etc.):

**** If no parties were injured, proceed to page 3. ****

Injured Person

Name:	Title:
Address:	Hire Date
City, State	Length of time in current position:
Phone:	Supervisor:
Employee Classification: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temporary	

Description of Injury:

Nature of Injury/Injured Part of Body:					
<input type="checkbox"/> Bruising <input type="checkbox"/> Dislocation <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Scratch/Abrasion <input type="checkbox"/> Internal <input type="checkbox"/> Fracture <input type="checkbox"/> Foreign Body <input type="checkbox"/> Laceration/Cut <input type="checkbox"/> Burn/Scald <input type="checkbox"/> Chemical Reaction <input type="checkbox"/> Amputation <input type="checkbox"/> Death <input type="checkbox"/> Other (describe): _____					
Treatment Provided:					
<input type="checkbox"/> First Aid - If First Aid was provided, please indicate the treatment performed: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <ul style="list-style-type: none"> <input type="radio"/> non-prescription medications at nonprescription strength <input type="radio"/> tetanus immunizations <input type="radio"/> cleaning, flushing, or soaking wounds on the skin surface <input type="radio"/> wound coverings <input type="radio"/> hot or cold therapy <input type="radio"/> using totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. <input type="radio"/> using finger guards; <input type="radio"/> using massages; <input type="radio"/> using eye patches; </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <ul style="list-style-type: none"> <input type="radio"/> drinking fluids to relieve heat stress drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters; <input type="radio"/> temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards). <input type="radio"/> simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye; <input type="radio"/> irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye; </td> </tr> </table>		<ul style="list-style-type: none"> <input type="radio"/> non-prescription medications at nonprescription strength <input type="radio"/> tetanus immunizations <input type="radio"/> cleaning, flushing, or soaking wounds on the skin surface <input type="radio"/> wound coverings <input type="radio"/> hot or cold therapy <input type="radio"/> using totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. <input type="radio"/> using finger guards; <input type="radio"/> using massages; <input type="radio"/> using eye patches; 	<ul style="list-style-type: none"> <input type="radio"/> drinking fluids to relieve heat stress drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters; <input type="radio"/> temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards). <input type="radio"/> simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye; <input type="radio"/> irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye; 		
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<input type="checkbox"/> Other treatment, please describe:					
<input type="checkbox"/> Emergency Room <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospitalization	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Treating Physician/Facility:</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;">Address</td> <td></td> </tr> </table>	Treating Physician/Facility:		Address	
Treating Physician/Facility:					
Address					

Root Cause Analysis (check all that apply)

<p>Conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unsafe Conditions <input type="checkbox"/> Poor work area design or layout <input type="checkbox"/> Congested work area <input type="checkbox"/> Hazardous substances <input type="checkbox"/> Fire or explosion hazard <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Slippery conditions <input type="checkbox"/> Excessive noise <input type="checkbox"/> Improper material storage <input type="checkbox"/> Improper loading or placement 	<p>Work Practices</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improper work technique <input type="checkbox"/> Improper PPE or PPE not used <input type="checkbox"/> Hazards not identified <input type="checkbox"/> Guards not used <input type="checkbox"/> Improper lifting <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Servicing machinery in motion <input type="checkbox"/> Inadequate workplace inspection <input type="checkbox"/> Improper tool or equipment <input type="checkbox"/> Improper maintenance <input type="checkbox"/> Defective tools/equipment 	<p>Disciplinary Infraction:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of written procedures or policies <input type="checkbox"/> Operating without authority <input type="checkbox"/> Safety rules not enforced <input type="checkbox"/> Safety rule violation <input type="checkbox"/> Operating at improper speeds <input type="checkbox"/> Horseplay <input type="checkbox"/> Drug or alcohol use <input type="checkbox"/> Unsafe act of others <input type="checkbox"/> By-passing safety devices <input type="checkbox"/> Unsafe Acts
<p>Planning & Training</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPE unavailable <input type="checkbox"/> Failure to warn or secure <input type="checkbox"/> Inadequate job planning <input type="checkbox"/> Inadequate guarding of hazards <input type="checkbox"/> Inadequate equipment <input type="checkbox"/> Unsafe design or construction <input type="checkbox"/> Insufficient lighting <input type="checkbox"/> Inadequate fall protection 	<ul style="list-style-type: none"> <input type="checkbox"/> Poor process design Insufficient worker training <input type="checkbox"/> Insufficient foreman training <input type="checkbox"/> Insufficient knowledge of job Management Deficiencies <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate hiring practices Unrealistic scheduling <input type="checkbox"/> Unnecessary haste 	<p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Corrective Actions

Contributing Factor	Corrective Action	Responsible Party	Completion Date

Lessons Learned

--

Management Review

Initial Report Completed by:	
Printed Name:	Date:
Signature:	Job Title:
Management Review:	
Printed Name:	Date:
Signature:	Job Title:
Final Review:	
I certify that all Corrective Actions have been completed.	
Printed Name:	Date:
Signature:	Job Title:

6.3 EMPLOYEE ACCESS TO MEDICAL RECORDS

The purpose of this program is to provide employees with information of their right to access relevant exposure records to toxic substances or harmful physical agents in their workplace. Under OSHA's standard, Access to Employee Exposure and Medical Records (1910.1020) all employees have the right to obtain these records to prevent or identify potential occupational illnesses. Employees have the right to obtain exposure records as follows:

- A current or former employee who is or may have been exposed to toxic substances or harmful physical agents.
- An employee who was assigned or transferred to work involving toxic substances or harmful physical agents.
- The legal representative of a deceased or legally incapacitated employee who was or may have been exposed to toxic substances or harmful physical agents.
- Designated employee representatives may access employee medical or exposure records and analyses created from those records only in very specific circumstances. Designated employee representatives include any individual or organization to whom an employee has given written authorization to exercise a right of access

TYPES OF EXPOSURES

- Metals and dusts, such as lead, cadmium, and silica.
- Biological agents, such as bacteria, viruses, and fungi.
- Physical stress, such as noise, heat, cold, vibration, repetitive motion, and ionizing and non-ionizing radiation.

DEFINITIONS

Access - The right and opportunity to examine and copy

Designated Representative - Any individual or organization to whom an employee gives written authorization to exercise a right of access. For the purposes of access to employee exposure records and analyses using exposure or medical records, a recognized or certified collective bargaining agent shall be treated automatically as a designated representative without regard to written employee authorization.

Employee Exposure Record - May contain any of the following:

- Monitoring results of workplace air or measurements of toxic substances or harmful physical agents in the workplace, including personal, area, grab, wipe, or other forms of sampling results.
- Biological monitoring results, such as blood and urine test results.
- Material safety data sheets (MSDSs) containing information about a substance's hazards to human health.

Employee Medical Record:

- Medical and employment questionnaires or histories.
- Results of medical examinations and laboratory tests.
- Medical opinions, diagnoses, progress notes, and recommendations.
- Descriptions of treatments and prescriptions.
- Employee medical complaints.

EMPLOYER RESPONSIBILITIES

- Preserve and maintain accurate medical and exposure records for each employee.³
- Inform workers of the existence, location, and availability of those medical and exposure records.
- Provide information regarding the standard to all employees and where records are available
- Provide records to employees or designated representatives
- Maintain employee records for the duration of employment, plus 30 years
- Exemptions from keeping records:
 - Physical specimens, such as blood and urine samples
 - Records concerning health insurance claims if they are (1) maintained separately from your medical program and its records, and (2) not accessible by employee name or other personal identifier (e.g., social security number or home address).
 - Records created only for use in litigation that are privileged from discovery.
 - Records created as part of voluntary employee assistance programs, such as records for alcohol and drug abuse or personal counseling, if they are maintained separately from your medical program and its records.
 - Trade secret information involving manufacturing processes or a percentage of a chemical substance in a mixture, as long as you inform health professionals and employees and their designated representatives that you have deleted that information from medical and exposure records. If the exclusion of the trade secret information substantially impairs the evaluation of when and where the exposure occurred, however, you must provide alternative information to the employee consistent with the requirements of 29 CFR Part 1910.1020.

6.4 OSHA REPORTING & RECORDKEEPING

OSHA EMERGENCY REPORTING

All incidents must be reported to an appointed company official immediately.

Company Official: _____

Office: _____ Cell: _____

Depending on the nature and severity of the incident, the company official will ensure that the necessary actions are taken (outlined below).

Type of Incident	Reporting/Recordkeeping	Time Frame
• Fatality (On the job death)	Report to OSHA @ 1-800-321-OSHA (6742)	Within 8 hours of the incident
• Work-related inpatient hospitalization • Amputations • Loss of an eye	Report to OSHA @ 1-800-321-OSHA (6742)	Within 24 hours of the incident
• All incidents	Conduct an accident investigation	Immediately
• OSHA-recordable injuries/illnesses (as outlined below)	Complete OSHA 301 (or equivalent) Enter a log entry on OSHA Form 300.	Within 7 days of the injury or illness

OSHA RECORDKEEPING

OSHA recordkeeping is required for any employer with 11 or more employees at any time within the year. If an injury or accident should ever occur, it must be reported to the supervisor as soon as possible. An OSHA 300 log entry and summary report (OSHA 301 form or equivalent) must be maintained for every recordable injury and illness. The entry should be completed within 7 days after the injury or illness has occurred.

An OSHA recordable injury or illness is defined as an injury resulting in loss of consciousness, days away from work, days of restricted work, or medical treatment beyond first aid. First Aid includes:

- Tetanus shots
- Applying Band-Aids or butterfly bandages
- Cleaning, flushing or soaking wounds
- Applying Ace bandages and wraps
- Taking non-prescription drugs at non-prescription strength (aspirin, Tylenol, etc.)
- Drilling fingernails/toenails
- Eye patches, eye flushing and foreign body removal from eye with Q-tips
- Finger guards
- Hot or cold packs
- Drinking fluids for heat stress
- Removing of a splinter (other than from the eye)

An annual summary of recordable injuries and illnesses (OSHA 300A) must be posted at a conspicuous location in the workplace from February 1 to April 30 and contain the following information: calendar year, company name, establishment name, establishment address, certifying signature of the highest ranking company official, title, and date. If no injury or illness occurred in the year, zeroes must be entered on the total line.

The OSHA logs should be evaluated by the employer to determine trends or patterns in injuries in order to appropriately address hazards and implement prevention strategies. OSHA recordkeeping forms must be maintained for a period of 5 years.

Note: The OSHA 300 and 301 logs must be kept confidential.

6.5 OSHA POSTER



All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request an OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. OSHA will keep your name confidential. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

This poster is available free from OSHA.

Contact OSHA. We can help.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations and losses of an eye within 24 hours.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

FREE ASSISTANCE to identify and correct hazards is available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.



1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

OSHA 3048-01-01

◆ OSHA Recordkeeping Packet

TAB 7:

DISCIPLINE & ENFORCEMENT

7.1 SAFETY RULES AND PROCEDURES

The following safety rules & procedures have been set forth by Penn Fencing as minimum guidelines. If a situation arises that there is not a pre-established rule, the employee is expected to take all precautions and measures available to them to act in a safe manner.

General:

- Follow all safety rules
- Always wear all prescribed personal protective equipment
- Utilize safety guards on power tools. Do not remove guards
- Enter confined spaces or trenches only when trained and when instructed to
- Do not use damaged cords.
- Stay 10 feet away from power lines
- Only qualified trained personnel are permitted to operate machinery or equipment.
- Report all accidents, incidents, and near misses immediately to the supervisor
- Use chemicals properly and obey all hazard warnings
- All hand and power tools and similar equipment must be maintained in a safe condition; replace broken or damaged tools.
- Keep the workplace clean and orderly; promptly remove trash.
- Read and follow all warning signs
- Manufacturer's specifications, limitations, & instructions shall be followed.
- Do not remove or deface warning labels or signage

Training & Work procedures:

- Do not attempt to undertake a job until you have received training on all potential hazards associated with the job and the methods/procedures necessary to protect yourself
- Particular attention should be given to new employees and to employees moving to new jobs or doing non-routine tasks.
- No employee is required to work under conditions which are unsanitary, dangerous or hazardous to their health.
- All employees shall be trained on every potential hazard that they could be exposed to and how to protect themselves.

Postings:

- All OSHA posters shall be posted in a visible location.
- Emergency numbers shall be posted and reviewed with employees

Construction equipment:

All equipment left unattended at night, adjacent to a highway in normal use, or adjacent to construction areas where work is in progress, shall have appropriate lights or reflectors, or barricades equipped with appropriate lights or reflectors, to identify the location of the equipment.

- No construction loads shall be placed on a concrete structure or portion of a concrete structure unless the employer determines, based on information received from a person who is qualified in structural design, that the structure or portion of the structure is capable of supporting the loads.
- A stairway or ladder shall be provided at all personnel points of access where there is a break in elevation of 19 inches or more, and no ramp, runway, sloped embankment, or personnel hoist is provided.

Housekeeping:

- All places of employment shall be kept clean, the floor of every workroom shall be maintained, so far as practicable, in a dry condition; standing water shall be removed. Where wet processes are used, drainage shall be maintained and false floors, platforms, mats or other dry standing places or appropriate waterproof footwear shall be provided.
- To facilitate cleaning, every floor, working place, and passageway shall be kept free from protruding nails, splinters, loose boards, and holes and openings.
- All floor openings, open sided floor and wall openings shall be guarded by a standard railings and toe boards or cover.
- All materials stored in tiers shall be stacked, racked, blocked, interlocked, or otherwise secured to prevent sliding, falling or collapse.

7.2 DISCIPLINARY POLICY

Penn Fencing's disciplinary policy is comprised of a corrective action process aimed to document and correct undesirable employee behavior, including violations of safety rules. The safety coordinator, supervisors, and management are responsible for enforcement of this disciplinary policy.

Major elements of this policy include:

- Physical inspections by company officials indicating violations showing overall lack of commitment to company safety goals shall be under the same level of disciplinary actions.
- Constructive criticism/instruction by the supervisor to educate and inform employees of appropriate safety performance and behavior.
- Correcting employee's negative behavior to the extent required.
- Informing the employee that continued violation of company safety policies may result in termination.
- Written documentation of disciplinary warnings and corrective action taken.

Safety violations include, but are not limited to:

- Not following safety procedures, guidelines or rules
- Horse play
- Failure to wear selected PPE
- Abuse of selected PPE

Depending on the facts and circumstances involved with each situation, the company may choose any corrective action including immediate termination. However, in most circumstances the following steps will be followed:

1. **Verbal Warning** informally documented (note to project or supervisor file), by a supervisor or safety coordinator for minor infractions of company safety rules. A supervisor or safety coordinator must inform the employee what safety rule or policy was violated and how to correct the problem.
2. **Written Warning**, documented in employee's file. Repeated minor infractions or a more substantial safety infraction requires issuance of a written warning. Every attempt should be made to re-educate the employee on the desired performance. The employee should acknowledge the warning by signing the document before it is placed in their personnel file.
3. **Suspension** for three (3) working days. If employee fails to appropriately respond or management determines the infraction is sufficiently serious.
4. **Termination** for repeated or serious safety infractions.

◆ Disciplinary Action Form

Employee Name: _____ Employee Job Title: _____

Supervisor Name: _____ Today's Date: _____

Date/Time of Incident:	Location:
Description of incident:	
Witnesses if any:	
Policy/Policies violated:	
Disciplinary action to be taken:	
Consequence(s) if employee repeats this offense:	
If the employee has offered an explanation of his/her conduct, detail explanation here:	

I have read the above, and I understand the consequences if I repeat my offense.

Signature of Employee

Date

Signature of Supervisor

Date

TAB 8:

MISCELLANEOUS JOBSITE
INFORMATION