

(COMPANY NAME) SAFETY RULE VIOLATION

You have been observed behaving in an unsafe manner contrary to company safety rules. We consider the safety of our employees to be very important. In order to prevent accidents, it is our policy to enforce company safety rules strictly.

Type of Violation:

Result of Violation:

Disciplinary Action:

I, _____, have read/been read and understand the safety rules of (Company Name).
I agree to act in accordance with the safety rules at all times while working, and understand that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

File the original and give the employee a copy of this document.